FRANKLIN BOROUGH POLICE DEPARTMENT

BUSINESS ALARM / EMERGENCY CONTACT REGISTRATION

Type of Registration: ☐ Business Alarm ☐ Emergency Contact ☐ Both

Business Name: _____ Business Phone: _____

Physical Address: _____

Business Owner's Name: _____ Contact Number: _____

Business Operating Hours: _____

	Yes	No	Comments
Does your business have a safe?	☐	☐	
Does your business have an alarm system?	☐	☐	
Does your business have video surveillance?	☐	☐	

Please provide a list of contact telephone numbers for contact person(s) in the event of an emergency or alarm. List them in the order that you would like them contacted.

	Name	Contact Number(s)
1.		
2.		
3.		

ALARM INFORMATION

Alarm Company: _____ Alarm Co Phone: _____

Alarm Type (check all that apply): ☐ Burglary ☐ Panic ☐ Smoke ☐ Fire ☐ Water ☐ Gas Detector

***Applicant acknowledges that there is an ordinance in Franklin Borough concerning registration requirements, false alarms, and penalties (Municipal Code - Chapter 77 "Alarms").**

Initials: _____

FOR AGENCY USE ONLY

_____
Received By Date

$25.00 Alarm registration fee collected?

☐ Yes ☐ No

_____
Applicant Signature Date