FRANKLIN BOROUGH POLICE DEPARTMENT

RESIDENTIAL ALARM / EMERGENCY CONTACT REGISTRATION

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

Physical Address: _____

Home Owner's Name: _____

Contact Number(s): _____

	Yes	No	Comments
Does your home have a safe?	☐	☐	_____
Does your home contain any firearms?	☐	☐	_____
Does your home contain any pets?	☐	☐	_____
Does your home have an alarm system?	☐	☐	_____
Does your home 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