

## Business Information & Alarm Permit



**New Information** Change to existing information Township Company Name **Company** City, ZIP Phone Address Owner / Manager Name, (last, first) Owner/Manager Home Phone Owner/Manager Cell Phone Owner Other Name (last, first) Home Phone **Business Phone** Cell Phone Additional Contacts Name (last, first) Home Phone **Business Phone** Cell Phone Home Phone Cell Phone Name (last, first) **Business Phone** Billing Address If different than Address City, State, ZIP Company Name Phone above The above information may be critical to our response capability in an emergency. It is important to notify us promptly of any changes. If you have an alarm, please complete the additional section **Alarm Registration is mandatory**, but no fee is required. Complete copies of the Alarm Ordinances are available online at: Village of Milford—www.villageofmilford.org Charter Township of Milford—www.milfordtownship.com Alarm City, State, ZIP Alarm Company Name **System** \_\_\_ Medical \_\_\_\_\_ Fire \_\_\_\_ Other \_\_\_ Type of Alarm: Burglar Holdup \_\_\_\_ **Central Station Monitor:** New Installer Address City, State, ZIP Installer Name Installation Installer State License Number . Date Applicant Signature For Internal Use Only Chief of Police Signature (or designee) Date

Return completed form to:

## MILFORD POLICE DEPARTMENT

1100 Atlantic Street Milford, MI 48381

Phone: 248-684-1815 Fax: 248-685-0543 www.milfordpolice.com