

POLICE DEPARTMENT
Alarm Registration Form
& Emergency Contact Form
 27665 Jefferson Avenue
 St. Clair Shores, MI 48081

Information 586-445-5300
 Detectives 586-445-5305
 Juvenile 586-445-5310
 Traffic 586-445-5318
 Records/Licenses 586-445-5315
 Chief of Police 586-445-5320
 Special Invest. 586-445-5342

ADDRESS

Address _____ **Zip** _____ **Telephone** _____

Alarm on premises? **YES** **NO**
 New installation or just updating contact information? **NEW** **UPDATE ONLY**
 (No fee for emergency contact update)

If new business or new property owner, **\$30 alarm registration fee must be submitted with this form. You must pay \$60 if you have already received bill for failure to register.**
(CASHIER, PLEASE STAMP "PAID" WITH CITY STAMP WHEN FEE IS COLLECTED)

OWNER

Business Name/Resident _____

Owner Name (if not resident) _____

Billing address (if different than location) _____ **City, State, Zip** _____ **Telephone** _____

EMERGENCY CONTACTS

Name _____ Home Phone _____ Business Phone _____

Name _____ Home Phone _____ Business Phone _____

Name _____ Home Phone _____ Business Phone _____

ALARM SYSTEM INFORMATION

Alarm Monitoring Company _____

Phone number _____

I have read and understand the provisions of the St. Clair Shores Alarm Ordinance. Failure to pay registration fee **will** result in additional charges.

Applicant Signature _____

Date _____

