



# Security Alarm Information Registration

## SOUTH HEIDELBERG TOWNSHIP POLICE DEPARTMENT

Please submit to: S.H.T. Police Department  
555A Mountain Home Road  
Sinking Spring, PA 19608  
Or fax to: 610-678-5056

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

LOCATION OF PROTECTED PREMISES: \_\_\_\_\_

DATE OF INSTALLATION: \_\_\_\_\_

TYPE OF ALARM: \_\_\_\_\_

IS ALARM MONITORED: \_\_\_\_\_

IF SO, BY WHOM: \_\_\_\_\_

TYPE OF ALARM CONTACTS USED IN SYSTEM: \_\_\_\_\_  
\_\_\_\_\_

AUDIBLE \_\_\_\_\_ INAUDIBLE \_\_\_\_\_

ARE THERE ANY GUARD ANIMALS PRESENT ON PREMISES: \_\_\_\_\_

IF SO, WHAT TYPE: \_\_\_\_\_

PLEASE LIST AT LEAST TWO (2) INDIVIDUALS WHO CAN BE CONTACTED IN THE EVENT OF AN EMERGENCY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_