

**CATASAUQUA POLICE REGISTRATION FORM
POLICE / FIRE EMERGENCY ALARM REGISTRATION**

Date rec'd by CPD: _____		
NAME :		AUTHORIZED CONTACTS:
ADDRESS:		1. NAME:
		ADDRESS:
		PHONE NO:
PHONE NO.		
		2. NAME:
NUMBER OF FLOORS: _____		ADDRESS:
RESIDENCE _____ / BUSINESS _____		PHONE NO:
		3. NAME:
INSTALLATION CO:		ADDRESS:
PHONE NO.		PHONE NO:
DATE INSTALLED ?	*	PRE-EXISTING _____
EMERGENCY REPAIR SERVICE	*	PREVIOUS OWNER IF KNOWN:
PHONE NO.		
ALARM MONITORING CO:		ALARM TYPE:
NOT MONITORED _____		
PHONE NO:		INTRUSION _____ / HOLD UP _____
OUTSIDE ALARM: _____ YES / _____ NO		PANIC _____ / MEDICAL _____
SILENT ALARM: _____ YES / _____ NO		
		FIRE _____ : HEAT _____ / SMOKE _____
AREAS PROTECTED:		SPRINKLER _____ / MANUAL _____
EXTERIOR DOORS - TO 1ST FLOOR: _____		
OTHER FLOORS: _____		
EXTERIOR WINDOWS- TO 1ST FLOOR: _____		
OTHER FLOORS: _____		OWNERS NAME:
ROOF: _____		ADDRESS:
BASEMENT: _____		

Note: Please enclose copies of your floor plan if at all possible. Thank you. CPD