

# GREEN OAK CHARTER TOWNSHIP POLICE DEPARTMENT

## EMERGENCY CONTACT INFORMATION FOR ALARM SYSTEMS

- BUSINESS                       NEW INFORMATION  
 RESIDENCE                       CHANGE TO EXISTING INFORMATION

<b>INFORMATION IN THIS SECTION IS FOR THE ALARMED ADDRESS</b>	RESIDENT OR BUSINESS NAME: _____
	STREET ADDRESS: _____
	CITY & ZIP CODE: _____
	TELEPHONE #: _____
	FAX #: _____
<b>INFORMATION IN THIS SECTION IS FOR THE MAILING ADDRESS, IF DIFFERENT FROM THE ALARMED ADDRESS ABOVE</b>	STREET ADDRESS: _____
	CITY & ZIP CODE: _____

IF ALARM IS FOR A BUSINESS, TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS HOURS OF OPERATION: \_\_\_\_\_

<b>EMERGENCY CONTACTS</b>	#1: _____ TELEPHONE #: _____
	#2: _____ TELEPHONE #: _____
	#3: _____ TELEPHONE #: _____

<b>ALARM COMPANY INFORMATION</b>	NAME OF ALARM COMPANY: _____
	STREET ADDRESS: _____
	CITY & ZIP CODE: _____
	TELEPHONE #: _____ LICENSE #: _____

TYPE, LOCATION & METHOD OF ACCESS TO ALARM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF WEAPONS ARE KEPT ON THE PROTECTED PREMISES, WE ENCOURAGE THEM TO BE SECURED AND PROTECTED. FREE GUN LOCKS ARE AVAILABLE AT THE POLICE DEPARTMENT.

SPECIAL INFORMATION: \_\_\_\_\_  
\_\_\_\_\_

PLEASE NOTE: THIS FORM IS A FILLABLE FORM USING ADOBE ACROBAT AND CAN BE FOUND ONLINE AT [www.greenoaktwp.com](http://www.greenoaktwp.com)  
THANK YOU.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_