



CORNWALL POLICE SERVICE

RESIDENTIAL ALARM SYSTEM REGISTRATION



ALARM INFORMATION

ALARM PREMISES					
Name:		Address:			
Apt./Suite:	City:	Province:			
Postal Code:		Phone:			
KEYHOLDERS					
Name:		Residential Phone:		Cell Phone:	Business Phone:
ALARM MONITORING COMPANY					
Name:		Address:			
City:		Postal Code:			
Phone:		Fax:			

ALARM USER INFORMATION

APPLICANT INFORMATION					
Applicant Last Name:		Applicant First Name:			
Date of Birth (yyyy/mm/dd):	Age:	Street address:			
Apt./Suite:	City:	Province:			
Postal Code:	Telephone:	Fax Number:			
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)					
Last Name:		First Name:			
Street Address:			Apt./Suite:		
City:	Province:				
Postal Code:	Telephone:	Fax Number:			

I CERTIFY THAT:

- I am authorized to apply for registration for the said premises and that I understand that, henceforth, I will be known as the "Alarm User." I have read By-law No.1, 2000 and I understand all the duties imposed on me as the "Alarm User."
- I will supply the Cornwall Police Service with the name and telephone number of keyholders for the premises registered, who can be contacted in the case of an emergency.
- I will be responsible for the payment of any fees which must be paid as a result of the sounding of a false alarm.

REGISTRATION FEE			
<input type="checkbox"/> Under age 65	\$20.00	Applicant Signature	
<input type="checkbox"/> Over age 65	Free		
		Date	