



CORNWALL POLICE SERVICE

COMMERCIAL ALARM SYSTEM REGISTRATION



ALARM INFORMATION

ALARM PREMISES

Business Name:				Business Address:			
Apt./Suite:			City:			Province:	
Postal Code:				Business 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:			
Street address:							
Apt/Suite:			City:			Province:	
Postal Code:			Telephone:			Fax Number:	

APPLICANT 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 2,000 sq. ft.	\$20.00
<input type="checkbox"/> Over 2,000 sq. ft.	\$50.00

Applicant Signature	Date