

**REGISTRATION FOR ALARM SYSTEMS**

PLEASE RETURN THE COMPLETED FORM AND YOUR PAYMENT OF \$15.00  
FOR ALARM REGISTRATION FEE AS REQUIRED BY  
CODE OF ORDINANCE NO. 1.000, CHAPTER 4, ARTICLE I & II, TO:

CHARTER TOWNSHIP OF COMMERCE  
ATTN: CLERK'S DEPARTMENT  
2009 TOWNSHIP DRIVE  
COMMERCE TOWNSHIP, MI 48390

**DIRECTIONS:**

Applicant: Provide Name, Address and Phone Number

Alarm System Location: Location of Alarm within Business/Residence

Contacts: Provide Name, Addresses and Phone Numbers of Persons who may be contact  
at any time in the event of an emergency.

**PLEASE PRINT**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Alarm Location: \_\_\_\_\_

Name of Business/Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

1. Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

2. Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

3. Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_