

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

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

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