

**CARROLL TOWNSHIP POLICE DEPARTMENT**

**ALARM SYSTEM DATA - RESIDENTIAL**

**NAME & ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOME TELEPHONE:**

\_\_\_\_\_

**WORK TELEPHONE:**

\_\_\_\_\_

**ALARM SYSTEM:**

	<b>YES/NO</b>	<b>SILENT or AUDIBLE</b>
<b>BURGLAR ALARM</b>	_____	_____
<b>SMOKE or FIRE ALARM</b>	_____	_____
<b>OTHER (Specify)</b>	_____	_____

**IS THE ALARM TRANSMITTED VIA THE TELEPHONE?** \_\_\_\_\_

**IF THE ALARM IS TRANSMITTED BY OTHER MEANS, PLEASE SPECIFY.** \_\_\_\_\_

\_\_\_\_\_

**IS THE ALARM SYSTEM HOOKED TO THE DOORS AND/OR WINDOWS?** \_\_\_\_\_

**ARE THERE ANY INTERNAL ALARMS, SUCH AS MOTION DETECTORS, INFRARED SENSORS, ETC.?** \_\_\_\_\_

**COMPANY OR PERSON(S) WHO INSTALLED ALARM SYSTEM:**

**NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**COMPANY OR PERSON(S) WHO SERVICES ALARM:**

**NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**RETURN THIS FORM TO THE CARROLL TOWNSHIP POLICE DEPARTMENT.**