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ALARM REGISTRATION

Where is alarm installed?

Business () Residence () Owned () Leased ()

Name _____ Owner Name _____
Address _____ Address _____
Phone No. _____ Phone No. _____

Alarm Information:

Alarm Co. Name _____ Phone No. _____
Date Installed _____ Service Contract: Yes () No ()

Alarm Type: (check all that apply)

Police Y N Fire Y N Medical Y N
Intrusion: Y N Heat: Y N
Hold-up: Y N Smoke: Y N
Motion: Y N Sprinkler: Y N
Audible (Loud): Y N Manual: Y N
Inside/Outside: I O Auto Dialer: Y N

Auto Dialer Information: _____

Emergency Contacts: (two names required in addition to above - local number preferred)

*Please make sure the parties listed below has access to alarm code.

- 1. Name _____ Address _____ Phone No. () _____ Listed: yes () no ()
2. Name _____ Address _____ Phone No. () _____ Listed: yes () no ()
3. Name _____ Address _____ Phone No. () _____ Listed: yes () no ()

Return to: Allentown Police Department
Crime Prevention - Alarms
425 Hamilton Street
Allentown, PA 18101-1603
(610)437-7719 Fax (610) 439-5952



Allentown Police Department – Public Safety Building –425 Hamilton St. Allentown, PA 18101

