



# City of Bridgeton Police Department

## EMERGENCY INFORMATION & ALARM REGISTRATION

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Business Phone Number: \_\_\_\_\_ Business Fax \_\_\_\_\_

If an emergency should arise or an alarm is activated at the business, who do we contact?  
(List in contact order)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

## ALARM INFORMATION (check all that apply)

- |  |                                |  |
|--|--------------------------------|--|
| <input type="checkbox"/> Burglar Only                          | Do you have a Safe:            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Hold-Up Only                          | Any light(s) left on at night: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Burglar & Hold-Up Both                |                                |  |
| <input type="checkbox"/> Silent                                |                                |  |
| <input type="checkbox"/> Audible (must have a 15 minute timer) |                                |  |

Alarm Company Name: \_\_\_\_\_

Alarm Dispatch Phone Number: \_\_\_\_\_

Other Information: \_\_\_\_\_

To whom should correspondence concerning your alarm system be sent?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

### THIS INFORMATION IS REQUIRED BY ORDINANCE

This form must be completed and returned prior to your business license being issued or renewed. Return this with the business license application/renewal to:

City of Bridgeton  
12355 Natural Bridge Road  
Bridgeton, MO 63044-2020