

**POLICE DEPARTMENT**  
**Emergency Contact Form**

Charles R. Burnett, Chief of Police  
27665 Jefferson Ave.  
St. Clair Shores, MI 48081-2098

Information	586-445-5300
Detectives	586-445-5305
Juvenile	586-445-5310
Traffic	586-445-5318
Records/Licenses	586-445-5315
Chief of Police	586-445-5320
Special Invest.	586-445-5342

Dear Business Owner:

In order to assist us in the protection of your business, please fill out the form below. It is most important that the information be filled out and returned to the Police Department at your earliest convenience.

Charles R. Burnett  
Chief of Police

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

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Owner \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

List three people to call in the case of an emergency:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Alarm Company \_\_\_\_\_

If you have an alarm system on the premises, you must register that system with the Police Department. Contact 445-5315 to obtain a registration form. Failure to register may result in a fine.

Please list any hazardous materials that will be stored at this location:

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

**POLICE DEPARTMENT**  
**Alarm Registration Form**

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**ALARM LOCATION**

Business Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**OWNER**

Business/Residence Owner \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**CONTACT PERSONS** *(if owner is unable to be contacted)*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**BILLING ADDRESS** *(if different than alarm location)*

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**ALARM SYSTEM INFORMATION**

Alarm Company \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Burglar     Fire     Hold Up     Medical     Other  
Type of Alarm \_\_\_\_\_  
Central Station Monitor:  Yes     No

**ALARM MONITORING COMPANY**

Company \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ State License Number \_\_\_\_\_

I have read and understand the provisions of the St. Clair Shores Alarm Ordinance.  
\_\_\_\_\_  
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Revise: 5/22/07