



MAYOR AND CITY COUNCIL OF BALTIMORE  
BALTIMORE POLICE DEPARTMENT  
FALSE ALARM REDUCTION PROGRAM



# ALARM COMPANY REGISTRATION

(Please print all information)

ALARM COMPANY TYPE (Please check one):

Monitoring

Installer

Other (explain): \_\_\_\_\_

Does your company offer alarm monitoring services?

Yes

No

NAME OF BUSINESS ENTITY:

OTHER BUSINESS NAME if (if any) DBA (DOING BUSINESS AS):

TYPE OF BUSINESS:

NAME OF RESPONSIBLE OFFICIAL:

BUSINESS MAILING ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE NUMBER:

EMAIL ADDRESS:

ALARM COMPANY LICENSE NUMBER (STATE ISSUED)

SIGNATURE OF RESPONSIBLE OFFICIAL

TITLE/POSITION

DATE

A Non-refundable \$50.00 Alarm Company Registration Fee must be submitted with this registration form. Please make check or money order payable to: **"Director of Finance."** Registration fees are due annually and you will receive an invoice. Please notify our office of any address changes.

Mail completed form and payment to:  
**Alarm Registrations**  
**417 E. Fayette Street, Room 100,**  
**Baltimore, MD 21202**  
**Phone: 410-396-3575**

For more information, please send an email to: [alarmregistration@baltimorecity.gov](mailto:alarmregistration@baltimorecity.gov)