

Riverdale Park Police Department
False Alarm Reduction Unit
5004 Queensbury Rd
Riverdale Park, MD 20737
301-927-4343

**Commercial Alarm User
Permit Registration**

- New Registration
- Registration Renewal
- Information Change

All information must be typed or printed. Please refer to the instructions for further information. Please mail completed forms to: Riverdale Park Police Department, False Alarm Reduction Unit, 5004 Queensbury Rd, Riverdale Park, MD 20737.

A \$50.00 non-refundable registration fee is required. **Make business check or money order payable to: The Town of Riverdale Park.**

Expiration Date: ____/____/_____

Alarm Type: Burglar Panic Robbery Duress Other

Connection: Local Remote **Local Sound:** Audible Silent

Reset: Manual Automatic **Acquisition:** Purchase Lease

1. Alarm Location Information (Alarm Ordinance Chapter 47)

(Business or Commercial Name) (Trade Name) (Phone #)

(Street Number) (Street Name) (Suite/Room #)

(City) (State) (Zip Code)

(Type of business: ex. Retail, Warehouse, etc.)

2. Parent Company Information (Alarm Ordinance Chapter 47)

(Parent Company Name) (Phone #)

(Street Number) (Street Name) (Suite/Room #)

(City) (State) (Zip Code)

3. Owner/President of Business Information (Alarm Ordinance Chapter 47)

| | | |
|-------------|--------------|-----------|
| (Last Name) | (First Name) | (Phone #) |
|-------------|--------------|-----------|

| | | |
|-----------------|---------------|----------------|
| (Street Number) | (Street Name) | (Suite/Room #) |
|-----------------|---------------|----------------|

| | | |
|--------|---------|------------|
| (City) | (State) | (Zip Code) |
|--------|---------|------------|

4. Keyholder Information

Please list keyholders available to respond in the event of an alarm or emergency.

1. _____
(Last Name) (First Name) (City/State of Residence)

| | | |
|--------------|--------------------|--------------|
| (Home Phone) | (Cell Phone/Pager) | (Work Phone) |
|--------------|--------------------|--------------|

2. _____
(Last Name) (First Name) (City/State of Residence)

| | | |
|--------------|--------------------|--------------|
| (Home Phone) | (Cell Phone/Pager) | (Work Phone) |
|--------------|--------------------|--------------|

3. _____
(Last Name) (First Name) (City/State of Residence)

| | | |
|--------------|--------------------|--------------|
| (Home Phone) | (Cell Phone/Pager) | (Work Phone) |
|--------------|--------------------|--------------|

5. Special Conditions

Please list any special conditions of which to make responding officers aware.

(For example: Security guard, Hazardous Materials, Watchdog, Weapons on premise, etc.)

6. Have you previously registered an alarm system in Riverdale Park, Maryland?

_____ Yes _____ No If yes, Enter Registration # _____

7. Alarm System Information

Alarm System Purchased From: (Alarm Ordinance Chapter 47)

(Company Name) (Phone Number)

(Street Number) (Street Name) (Suite/Room #)

(City) (State) (Zip Code)

Alarm System Installed By: (Alarm Ordinance Chapter 47) _____ **Same as above**

(Company Name) (Phone Number)

(Street Number) (Street Name) (Suite/Room #)

(City) (State) (Zip Code)

Alarm Maintained By: (Alarm Ordinance Chapter 47) _____ **Same as above**

(Company Name) (Phone Number)

(Street Number) (Street Name) (Suite/Room #)

(City) (State) (Zip Code)

Alarm Monitored By: (Alarm Ordinance Chapter 47) _____ **Same as above**

(Company Name) (Phone Number)

(Street Number) (Street Name) (Suite/Room #)

(City) (State) (Zip Code)

The False Alarm Act of 1997 requires that your alarm system be registered with the Town of Riverdale Park Police Department as required by Chapter 47 of the Ordinance Code of the Town of Riverdale Park.

Please note that failure to register your system will place you in a status of non-compliance with the law, and may result in fines or the termination of police service to alarm activations at your location until your alarm system is registered.

Our False Alarm fee table is as follows:

| | |
|--|----------------|
| 1 st and 2 nd Response | No fee |
| 3 rd Response | Warning Notice |
| 4 th ,5 th ,6 th | \$50 |
| 7 th , 8 th ,9 th | \$100 |
| 10 th ,11 th ,12 th | \$150 |
| 13 th or greater | \$200 |

The False Alarm fees are payable within 10 days of the receipt of the invoice as stated in the Town Ordinance §47-4(B). To avoid further penalties and fees please send your payment within the 10 days of receipt.

(Chapter 47-3(b)) Registration of an alarm system is not intended to, nor will it, create a contract, duty or obligation, either express or implied, of response. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By registering an alarm system, the alarm user acknowledges that police response may be based on factors such as the availability of police units; priority of calls; weather conditions; traffic conditions; emergency conditions; or staffing levels.

(Signature) _____ (Printed Name) _____ (Date) _____

For Office Use Only

Date Received _____ Check or Money Order # _____

Permit # Assigned _____

Date Entered FAAP _____ ID# _____