



**HOWARD COUNTY POLICE DEPARTMENT
 AUTOMATED ENFORCEMENT DIVISION
 3410 COURT HOUSE DRIVE ELLICOTT CITY MD 21043
 410-313-6199 FAX 410-313-5771**

1. SCHOOL NAME/COUNTY OFFICE (AT ALARM ADDRESS)

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STREET NUMBER

STREET NAME

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UNIT #

CITY

STATE

ZIP CODE

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MAIN OFFICE PHONE

SECOND PHONE NUMBER AT LOCATION

2. MAILING ADDRESS (IF DIFFERENT FROM ALARM LOCATION)

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STREET NUMBER

STREET NAME

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SUITE/ROOM#

CITY

STATE

ZIP CODE

WHO SHOULD FALSE ALARM LETTERS BE DIRECTED TO? _____

3. LIST 3 PEOPLE TO CONTACT IN THE EVENT OF AN ALARM. 3 NAMES MUST BE PROVIDED

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FIRST NAME

LAST NAME

--

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HOME PHONE

WORK PHONE

CELL PHONE

--

--

FIRST NAME

LAST NAME

--

--

--

HOME PHONE

WORK PHONE#

CELL PHONE

--

--

FIRST NAME

LAST NAME

--

--

--

HOME PHONE

WORK PHONE

CELL PHONE

One of these representatives will be contacted if your school or office has more than two false alarms during a 12-hour shift.

~~Please select a 3-5 letter Cancellation code for your school or office:~~

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IMPORTANT NOTE: PLEASE ENSURE THAT YOUR EMPLOYEES KNOW THE SPECIFIC CANCELLATION CODE FOR YOUR SCHOOL OR OFFICE LOCATION AND REVIEW GUIDELINES ON HOW TO AVOID FALSE ALARMS.

If there is an alarm at this location and it is determined by employees on scene to be a false alarm, the employee must call Howard County Police Communications at 410-313-2929, advise the Dispatcher of their location, the unique cancellation code for the location, and their full name and date of birth. Upon receiving all of this information, the Dispatcher will cancel the police response.

Who else has access to your building/office/school after regular hours or on weekends? (list name(s) and organization(s) and contact number(s))

I do solemnly declare and affirm under the penalties of perjury that the contents of this registration are true and correct.

ADMINISTRATOR/PRINCIPAL (signature)

DATE

