



REGISTRATION FOR ALARM SYSTEM

Charter Township of Commerce
 Code of Ordinance No. 1.000 Chapter 4: Article I & II

PLEASE RETURN COMPLETED FORM AND YOUR PAYMENT OF \$15.00 TO:

THE CHARTER TOWNSHIP OF COMMERCE
 ATTN: CLERK'S DEPARTMENT
 2009 TOWNSHIP DRIVE
 COMMERCE TWP, MI 48390

APPLICANT'S NAME			
ADDRESS			
CITY	STATE	ZIP	PHONE
ALARM LOCATION <i>(If same address as above, write "Same as Above")</i>			
NAME OF BUSINESS/OWNER			
ADDRESS			
CITY	STATE	ZIP	PHONE
1. CONTACT <i>(Emergency Contact)</i>			
ADDRESS			
CITY	STATE	ZIP	PHONE
2. CONTACT <i>(Emergency Contact)</i>			
ADDRESS			
CITY	STATE	ZIP	PHONE
3. CONTACT <i>(Emergency Contact)</i>			
ADDRESS			
CITY	STATE	ZIP	PHONE