



**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

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