



Town of Fishkill Police

Commercial Business Alarm Registry

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Company Information:

Name of Business: _____ **Business Phone:** _____

Business Address: _____ **Email Address:** _____

Alarm Information:

Alarm Type (panic, motion, etc.): _____

Alarm Company or Monitoring SVC: _____

Alarm Company Address:

Alarm Company Phone: _____

Connected to (check box that applies):

Town of Fishkill Police Department DCSO NYSP

Other: _____

Management Information:

Manager's Name: _____ **Phone:** _____

Manager's Address: _____ **Email Address:** _____



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Assistant Manager's Name: _____

Phone _____

Assistant Manager's Address:

Email Address:

Additional KeyHolders:

Name #1: _____ Phone/Pager #1: _____

Address #1:

Name #2: _____ Phone/Pager #2: _____

Address #2:

IN THE EVENT OF ANY TYPE OF CHANGES NOTIFY THE TOWN OF FISHKILL POLICE
IMMEDIATELY AT 845.831.1110

Additional Information/Comments:

