

**Borough of Lindenwold  
Police Department  
Mercantile Registration Form**

**PLEASE TYPE OR PRINT LEGIABLY OR FORM WILL BE RETURNED**  
**Mercantile Reg. #** \_\_\_\_\_

**BUSINESS INFORMATION**

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Business email contact: \_\_\_\_\_

Security Cameras Installed? (Please check one): YES \_\_\_\_\_ NO \_\_\_\_\_

Security Alarm Installed? (Please check one): YES \_\_\_\_\_ NO \_\_\_\_\_

**If Yes:** Alarm Company Name \_\_\_\_\_

Alarm Company Phone # \_\_\_\_\_

**OWNER'S INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Emergency Contact #1**

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Emergency Contact #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**\*\*\*PLEASE NOTIFY THE LINDENWOLD POLICE DEPARTMENT  
IMMEDIATELY IF THERE ARE ANY CHANGES IN YOUR CONTACT  
INFORMATION (856-784-7566)**