



ALARM RENEWAL/CANCELLATION FORM

Date: _____ **FEE: \$15.00 Residential/\$35.00 Commercial**
**** All fees are non-refundable ****

Name of Applicant: _____

Address: _____

Mandatory Name/Phone of 24-hour Contact: _____

.....

_____ **RENEWAL** **NO CHANGES** _____ **CHANGES (UPDATE ATTACHED)** _____
(CIRCLE AND INITIAL BY APPROPRIATE RESPONSE)

_____ **CANCELLATION** **ALARM NO LONGER IN USE** _____ **SOLD** _____
(CIRCLE AND INITIAL BY APPROPRIATE RESPONSE) **DATE** _____

Applicant Signature: _____ Date: _____

.....

I am aware of the fines imposed for false alarms, and will comply with all rules and regulations set forth in Borough of Englishtown Code Chapter 2.134 entitled "Alarm Systems.

Initial

All Applications Expire on December 31st and must be renewed annually within thirty days of expiration date.

.....

FOR BOROUGH USE ONLY

Date Received: _____ Fee Collected: _____ Cash _____
Chck _____

Date Deposited: _____

Expiration Date: _____

Police Approval: _____ Date: _____

CC: Police _____

Registration Certificate Issued: _____