



## RESIDENTIAL ALARM REGISTRATION FORM

Date of Application: \_\_\_\_\_

**ANNUAL FEE: \$15.00**

**\*\* All fees are non-refundable \*\***

Name of Applicant: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Check One: \_\_\_\_\_ Single Family Dwelling

Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Apartment or Rental

Mandatory Name/Phone (24 hour contact) - \_\_\_\_\_

Name of company installing and maintaining alarm: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Classification of Alarm System: (Please check all that apply and state whether audible or silent)

Burglary	Holdup	Duress	Fire	Medical Alert	Other (specify)

Please list any dangerous or present conditions at alarm site: \_\_\_\_\_

### **IN CASE OF EMERGENCY: LIST IN PRIORITY - PERSONS TO CONTACT WITH A KEY**

1. \_\_\_\_\_

2. \_\_\_\_\_

**RENTAL/APARTMENT ONLY:** Owner name, address/phone if different from alarm site:

\_\_\_\_\_

Name, address and phone # of owner or property manager who can grant access to the premises:

(if different from above) \_\_\_\_\_

I have received a copy of Chapter 2.134 of Borough of Englishtown Code entitled "Alarm Systems" and have read it in its entirety. I am aware of the fines imposed for false alarms, and will comply with all rules and regulations set forth. \_\_\_\_\_

Initials

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

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**FOR BOROUGH USE ONLY**

Date Received: \_\_\_\_\_

Fee Collected: \_\_\_\_\_

Cash \_\_\_ Check #

Date Deposited: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Police Approval: \_\_\_\_\_ Date: \_\_\_\_\_

CC: Police \_\_\_\_\_

Registration Certificate Issued: \_\_\_\_\_