COMMERCIAL ALARM REGISTRATION FORM

Date of Application: _____ **ANNUAL FEE: $35.00**
**** All fees are non-refundable ****

Business Name: _____

Business Address: _____

Business Phone: _____ Business Hours: _____

Owner Information: Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Mandatory Name & Phone # (24 hour point of 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. _____

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 31st and must be renewed annually within thirty days of expiration date.

FOR BOROUGH USE ONLY

Date Received: _____ Fee Collected: _____ Cash Check #

Date Deposited:_____

Expiration Date: _____

Police Approval: _____ Date: _____

CC: Police _____ Registration Certificate Issued: _____