



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 31st 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: _____