TOWNSHIP OF FREEHOLD

ALARM SYSTEM REGISTRATION

(This box for Official use only)

Date: _____

Permit No: _____

Fee: _____

Approved **Denied**

Authorized by: _____

Type of Premises: **Commercial** **Residential**

Type of Alarm: **Burglar** **Fire**

Applicant's Name: _____

Applicant's Phone: _____ D.O.B._____

Applicant's Address: _____ Driver's License #: _____

Address of Alarm Location: _____ Email:_____

Name of Business *If Applicable*: _____

Name of Alarm Monitoring Company: _____

Alarm Company Address: _____

Alarm Company Phone: 1) _____2) _____

Name of Alarm Co. Rep. _____ **Phone:** _____

The fee is $12.00 – Check made out to Freehold Township Police Department

In case of emergency, please list in order of priority, that are authorized to gain entry into the premises.

1) Contact Name:_____ Phone: _____

Contact Address: _____

Contact D.O.B: _____ Driver's License #: _____

2) Contact Name: _____ Phone: _____

Contact Address: _____

Contact D.O.B: _____ Driver's License #: _____

3) Contact Name: _____ Phone: _____

Contact Address: _____

Contact D.O.B: _____ Driver's License #: _____

By signing this registration document, I agree to abide by all terms and conditions set forth in the Alarm System Ordinance, as described in Chapter 67 of the Township of Freehold revised general ordinances.

Applicant Signature: _____ Date: _____

This Completed applications must be brought to the Freehold Township Police Records bureau during normal business hours.