



TOWNSHIP OF HARDYSTON



POLICE DEPARTMENT
BRET ALEM
CHIEF OF POLICE
149 WHEATSWORTH ROAD
SUITE B
HARDYSTON, NJ 07419
(973) 823-7022
FAX (973) 823-7034

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ALARM SYSTEM REGISTRATION FORM

A) Registrant Information:

1. Name of Registrant: _____ Phone: _____
Date of Birth: _____
Registrant work number(s): _____
2. Address of Registrant: _____
3. Physical Address/Description of Premises: _____

B) Name of Alarmed Premises (Resident/Business Name)

1. _____

C) Alarm Installation/Maintenance Information:

1. Installer: _____ Phone: _____
Address: _____
2. Company Maintaining Alarm: _____
Address: _____
3. Owner of Alarm System: _____
Address: _____

D) Alarm Monitoring/Initial Response to Alarm Activation:

1. First Person: _____ Phone: _____
2. Second Person: _____ Phone: _____

E) Emergency Contact Numbers: Please list at least two persons:

1. First Person: _____ Phone: _____
2. Second Person: _____ Phone: _____
3. Third Person: _____ Phone: _____

Signature of Registrant

Date

Submit with \$25.00 Registration Fee

(Over)

FOR POLICE USE ONLY

_____ REGISTRATION APPROVED PERMIT # _____

_____ REGISTRATION DISAPPROVED FOR THE FOLLOWING REASONS(S):

ALARM OFFICER SIGNATURE

DATE

