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# 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

## ALARM SYSTEM REGISTRATION FORM

A) Registrant Information:

1. Name of Registrant: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Registrant work number(s): \_\_\_\_\_
2. Property Address: \_\_\_\_\_
3. Mailing Address of Registrant: \_\_\_\_\_
4. Description of Premises: Residence/Business (circle one)

B) Name of Alarmed Premises (Name of 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** (checks payable to *Township of Hardyston*)

(Over)

FOR POLICE USE ONLY

\_\_\_\_\_REGISTRATION APPROVED                      PERMIT # \_\_\_\_\_

\_\_\_\_\_REGISTRATION DISAPPROVED FOR THE FOLLOWING REASON(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
ALARM OFFICER SIGNATURE

\_\_\_\_\_  
DATE