



TOWNSHIP OF HARDYSTON



POLICE DEPARTMENT
SCOTT M. LOBBAN
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