



Mahwah Township Police Department

221 Franklin Turnpike, Mahwah NJ 07430 201-529-1000 FAX: 201-831-2070

ALARM NO.: _____
(Police Use Only)

ALARM SYSTEM REGISTRATION

In accordance with section 4-9.6a of the Code of the Township of Mahwah, Bergen County, New Jersey, registration is required for all alarm systems installed within the Township. Additionally, any changes made to a previously registered alarm system must be reported in writing within ten (10) days of said change.

PLEASE PRINT ALL INFORMATION!

ALARM LOCATION INFORMATION	
RESIDENT/BUSINESS NAME:	_____
	<i>(Last name, first name, middle initial if a resident)</i>
STREET NUMBER:	_____ APARTMENT NO.: _____
	<i>(If Applicable)</i>
STREET NAME:	_____ ZIP: _____
TELEPHONE NO: (_____) _____ - _____	

COMPLETE IF THE ALARM'S OWNER IS DIFFERENT FROM THE ABOVE INFORMATION OR <u>IF THE ALARM IS INSTALLED IN A BUSINESS!</u>	
ALARM OWNER'S NAME:	_____
ALARM OWNER'S ADDRESS:	_____
CITY:	_____ STATE: _____ ZIP: _____
OWNER'S 24-HOUR TELEPHONE NUMBER:	(_____) _____ - _____

ALARM TYPE (CHECK ALL THAT APPLY)	
<input type="checkbox"/>	BURGLAR
<input type="checkbox"/>	FIRE
<input type="checkbox"/>	HOLD-UP
<input type="checkbox"/>	SILENT
<input type="checkbox"/>	"CENTRAL STATION" MONITORED
<input type="checkbox"/>	ON-SITE AUDIBLE ONLY
<input type="checkbox"/>	OTHER: _____
Does the alarm automatically reset itself? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Provide brief description of alarm system, i.e., activation points, etc. <i>(This info. must be provided)</i> :	

COMPLETE IF THE ALARM IS MONITORED BY A "CENTRAL STATION"	
ALARM COMPANY'S NAME:	_____
24-HOUR BUSINESS TELEPHONE NUMBER:	(_____) _____ - _____
ALARM ACCOUNT NUMBER:	_____ <i>(NOTE: This is not your reset code!)</i>
Will your alarm company automatically notify a "keyholder" upon activation? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER(S) OF THREE (3) RESPONSIBLE INDIVIDUALS WHO CAN BE CONTACTED IN THE EVENT OF AN ALARM ACTIVATION AND/OR EMERGENCY AT THE ALARM LOCATION. LIST THE NAMES IN THE ORDER IN WHICH THEY SHOULD BE CONTACTED:

CONTACT NO. 1	
NAME:	_____ (Last name, first name, middle initial)
ADDRESS:	_____
CITY:	_____ STATE: _____ ZIP: _____
TELEPHONE 1:	(_____) _____ - _____
TELEPHONE 2:	(_____) _____ - _____

CONTACT NO. 2	
NAME:	_____ (Last name, first name, middle initial)
ADDRESS:	_____
CITY:	_____ STATE: _____ ZIP: _____
TELEPHONE 1:	(_____) _____ - _____
TELEPHONE 2:	(_____) _____ - _____

CONTACT NO. 3	
NAME:	_____ (Last name, first name, middle initial)
ADDRESS:	_____
CITY:	_____ STATE: _____ ZIP: _____
TELEPHONE 1:	(_____) _____ - _____
TELEPHONE 2:	(_____) _____ - _____

NAME OF PERSON COMPLETING FORM: _____
SIGNATURE: _____ DATE COMPLETED: ____/____/____
** Mail Completed Form to the Address Listed at the top of Page 1, OR FAX IT TO 201.831.2070 Attn.: Sgt. Blank ***
----- FOR POLICE USE ONLY -----
DATE ENTERED: ____/____/____ ENTERED BY PIN: _____
FILE: alarm03.wpd