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DELAWARE TOWNSHIP POLICE DEPT.
P.O. Box 101, Sergeantsville, NJ 08557
Phone 609-397-8199 / Fax 609-397-8699

RESIDENT ALARM REGISTRATION FORM

Checks payable to: Delaware Township Police Department

Newly Installed Alarm: Yes _____ No _____ Date Installed _____ Date: _____			
Homeowner's Name: _____			
Address (Include Road Name): _____			
Home Phone: _____	Work: _____	Cell: _____	Fax: _____
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Tenant: (APPLICABLE WHERE TENANT IS THE ONLY OCCUPANT OF ALARMED PREMISES)			
Name: _____			
Address: _____			
Home Phone: _____	Work: _____	Cell: _____	
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<u>ALARM COMPANY RESPONSIBLE FOR MAINTAINING AND MONITORING SYSTEM</u>			
Name: _____			
Address: _____			
Telephone No(s): _____			
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<u>TYPE (S) OF ALARM (DO NOT INCLUDE SMOKE DETECTORS)</u>			
Burglar _____	Fire _____	Hold-Up _____	Panic _____
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<u>NAMES, ADDRESS AND TELEPHONE NUMBERS OF 3 PERSONS (OTHER THAN ALARM COMPANY TO BE CONTACTED IN CASE OF EMERGENCY (EMERGENCY DEFINED BY POLICE DEPARTMENT))</u>			
Name: _____			
Address: _____			
Home Phone: _____	Work: _____	Cell: _____	
<hr/>			
Name: _____			
Address: _____			
Home Phone: _____	Work: _____	Cell: _____	
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Name: _____			
Address: _____			
Home Phone: _____	Work: _____	Cell: _____	