



POLICE DEPARTMENT
JAMES A. GEARY, Chief of Police

Dear Alarm User:

Enclosed is a copy of the form for the registration and application to install and operate a private alarm system (residential & commercial) within the Township of East Windsor.

*Also enclosed is a copy of East Windsor Township Ordinance #1995-6 regulating private alarm systems. Please review the regulations carefully and then complete the enclosed registration form. **Return the completed two-sided form with the required twenty-five (\$25.00) dollar registration fee (check or money order) to:***

**East Windsor Township Police Department
c/o Support Services, Alarm Registration
80 One Mile Road, East Windsor, New Jersey 08520.**

If you have any questions please feel free to contact me at my office.

Sincerely,

*Russ Hazzon
Support Services Supervisor
609-448-5678 ext 224*



Township of East Windsor

REGISTRATION AND APPLICATION TO INSTALL AND OPERATE PRIVATE ALARM SYSTEM

File with the Services Division, East Windsor Township Police Department, 80 One Mile Road, East Windsor, NJ 08520.

A fee of \$25 00 shall accompany the application for each alarm system. No further registration or renewal is required unless there is a material change in information submitted. Within ten (10) days of any material change, the alarm system user shall file a new **application** and pay the application fee.

Complete entire application. Please **TYPE** or **PRINT CLEARLY**.

APPLICANT INFORMATION

NAME OF APPLICANT (IF BUSINESS, LIST BUSINESS NAME)

PHONE NUMBER

ADDRESS OF APPLICANT

BUSINESS INFORMATION (if applicable)

COMMON NAME OF BUSINESS

OWNER/MANAGER NAME

HOME/CELLULAR PHONE

ADDRESS OF OWNER/MANAGER

Please fill out *ONLY* if applicant is a corporation:

CORPORATE INFORMATION

PHONE NUMBER

NAME OF REGISTERED AGENT

ADDRESS OF REGISTERED AGENT

FOR OFFICIAL USE ONLY

LICENSE # ISSUED

DATE FILED

AMOUNT PAID

FILED LOCATION

Please list emergency contacts (other than the owner) in the order they are to be called.

NOTE: In the event of an alarm where a keyholder is required, we will try contacting the owner first. If the owner cannot be reached will attempt to contact the person(s) listed below. We will try the first person listed and continue calling each person until someone is reached.

FIRST EMERGENCY CONTACT

NAME

HOME PHONE

ADDRESS

CELLULAR PHONE

SECOND EMERGENCY CONTACT

NAME

HOME PHONE

ADDRESS

CELLULAR PHONE

THIRD EMERGENCY CONTACT

NAME

HOME PHONE

ADDRESS

CELLULAR PHONE

TYPE OF ALARM SYSTEM

TRADE NAME OF ALARM SYSTEM (ADT, SIMPLY SAFE, VIVINT, RING, NEST, ect..)

Type of system installed (check all that are applicable)

Burglar Alarm

Motion Detectors

Video Cameras

Front/Rear Door Contacts

Window Contacts

Glass-Breakage Sensors

Fire Alarm

Smoke

Heat

Water Flow

CO2

Type of alerting device used with alarm (please check all that apply)

Audible Alarm

Monitored by a Central Station

Please fill out *ONLY* if alarm is monitored by a Central Monitoring, Station:

CENTRAL STATION INFORMATION

NAME OF MONITORING SERVICE

PHONE NUMBER

ADDRESS OF MONITORING SERVICE