

ENGLEWOOD CLIFFS POLICE DEPARTMENT
Application For Alarm Systems

Approved by:

Chief Thomas Bauernschmidt



DEPARTMENT USE ONLY

DATE RECORDED: _____

REGISTRATION FEE: _____

1. NAME OF APPLICANT: _____

Address _____

Telephone # _____

2. NAME OF PREMISES ALARMED: _____

Address _____

Telephone # _____

NAME AND PHONE NUMBER OF ALARM CO. MAKING INSTALLATION: _____

NAME AND PHONE NUMBER OF CENTRAL MONITORING STATION: _____

3. TYPE OF ALARM:	BURGLARY	()	FIRE	()
	PANIC	()	CARBON MONOXIDE	()
	MEDICAL	()	OTHER	()

IF OTHER PLEASE SPECIFY _____

4. NOTIFICATIONS: IN CASE OF EMERGENCIES PLEASE LIST PERSONS WHO WILL HAVE KEYS AND A WORKING KNOWLEDGE OF THE ALARM SYSTEM. IN CASE OF CENTRAL STATION MONITORING, APPLICANTS SHOULD ENSURE THAT THE CENTRAL STATION WILL MAKE NOTIFICATION.

1. NAME _____ PHONE # _____

ADDRESS _____

2. NAME _____ PHONE # _____

ADDRESS _____

3. NAME _____ PHONE # _____

ADDRESS _____

NOTE: IT IS STRONGLY RECOMMENDED THAT APPLICANT EMPLOY ONLY LICENSED ALARM INSTALLATION TECHNICIANS. NEW JERSEY STATE STATUTE 45:1-1