

Egg Harbor Township Alarm Registration Form

(Please fill in all known information)

Applicant's Name: _____ Title (owner, manager, etc.): _____

Company Name: _____ Phone: _____ Date: _____

Address: _____ Block and Lot: _____

Property Type (circle): Business Residential Alarm Type (circle) : Fire Burglary Robbery

Alarm Installer: _____ Phone: _____

Alarm Monitoring Company: _____ Phone: _____

Emergency Contact List

(A minimum of three (3) contacts must be listed)

Name: _____ Address: _____

Home Phone: _____ Pager: _____ Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Pager: _____ Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Pager: _____ Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Pager: _____ Work Phone: _____

Applicant's Signature: _____ **Date** _____

Upon Completion Return This Form To:

**Egg Harbor Township Police Department
C/O Alarm Manager
3515 Bargaintown Road
Egg Harbor Township, NJ 08234-8321**

For Office Use Only

Date Received: _____ Assigned Alarm Number: _____ Entered by: _____

Comments _____