

Township of Hopewell

Police Department

George Meyer

ALARM REGISTRATION FORM

Please complete and return to the address at the bottom of the page.

SUBSCRIBER INFORMATION:

Premises Type: () Residential () Business () Both
Alarm is: () New Installation () Existing

NAME: _____
ADDRESS: _____
HOME PHONE: () _____ WORK PHONE: () _____

If a business; NAME OF OWNER, ETC.: _____

ADDRESS: _____
PHONE NUMBER: () _____

What Company monitors your alarm system?

NAME: _____ PHONE NUMBER: () _____
ADDRESS: _____

Local contact person(s) who have a key:

NAME: _____ PHONE NUMBER: () _____
NAME: _____ PHONE NUMBER: () _____

Type of alarms on premises: (DO NOT INCLUDE SMOKE DETECTORS)

() Burglar () Fire () Hold Up () Panic
() Medical Alert () Other/Explain: _____

SPRINKLER () YES () NO **GUNS:** () YES () NO
HAZARDOUS MATERIALS: _____

Directions to you Location/provide landmarks to identify property:

FOR AGENCY USE ONLY

AGENCY #: _____ RECORD #: _____ PANEL #: _____
ALARM #: _____ TYPE: _____ VENDOR: _____

*** NEW ISNTALLATIONS REQUIRE PERMIT FROM BUILDING INSPECTOR!**

PERMIT #: _____ INSTALLED BY: _____

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