

**Randolph Township Police Department**

Support Services Division

502 Millbrook Avenue

Randolph, NJ 07869-3799

Tel: 973.537.7112 • Fax: 973.659.9939

www.randolphnj.org/police

Business Alarm Registration Form

Fee: \$150.00*All information provided will remain strictly confidential.***Date:**

Business Information			
Business Name		Telephone Number	
Business/Alarm Address		Fax Number	
Business Mailing Address (if different than above)		E-Mail Address	
Hours of Operation			
Business Owner Information			
Business Owner Name		Home Telephone Number	
Business Owner Home Address		Cell Telephone Number	
Property Owner Information			
Property Owner Name		Telephone Number	
Emergency Contact Information (list contact names in the order you would like to have them called)			
1	Name	Telephone Number	Cell Telephone Number
2	Name	Telephone Number	Cell Telephone Number
3	Name	Telephone Number	Cell Telephone Number
Alarm Information		Alarm Company Information	
Alarm system is: Central Station Local Alarm		This alarm is: Silent Automatically Audible Manually	Name
Type of alarm: Burglar Panic Fire Other _____		If the phone line is cut/disabled, this alarm sends a signal: Yes No	Address
		Date of installation _____	Telephone
Miscellaneous Information			
Location of safe		Location of any lights left on	Location of main water shutoff
Is there any other information we should know? Hazardous or unusual conditions? Dogs on property? (attach a separate sheet if necessary)			

The Registrant hereby agrees to comply with the provisions of Chapter 38 of the revised ordinances of the Township of Randolph entitled "Police and Fire Alarm System." Further, the Registrant understands that he/she shall be accountable for false alarms, excluding those caused by severe weather, electrical or telephone line malfunctions. For the first and second false alarm in any given calendar year, a warning shall be issued. For the third false alarm and each additional false alarm in the same calendar year, a fine shall be paid to the township.

Signature of Registrant_____
Date**FOR OFFICIAL USE ONLY**

Fee Paid:

Date Received: