



44 Mountain Boulevard Warren, New Jersey 07059 (908) 753-1000  
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# Warren Township Police Department

## Residential Alarm Registration

In accordance with Warren Township Ordinance 3A-5a, all alarms, including audible and fire alarms, must be registered with our department. Please complete and return this form as soon as possible. This form **MUST** be completed in full and be **legible**. Incomplete or illegible registrations will not be filed and your alarm will be considered unregistered. Additionally, please be advised that warnings and/or summonses will be issued for each false alarm, in accordance with Warren Township Ordinance 3A-7d. This information will be kept on file for 3 years, at which time it will be purged. Please provide us with an updated registration at that time. Also, any time you change or delete any of your emergency contacts, please advise us.

If you have any questions, or if your alarm information requires an update, please feel free to contact us at any time at (908) 753-1000.

### 1. Type of Alarm (Check appropriate boxes)

- Burglar     Fire     Panic     Medical (Please note condition, medicine, special instructions, etc. on back of form)
- Audible:     Inside     Outside
- Local Alarm Only (Does not report to an alarm company)

**\*\*IMPORTANT:** If phone line is cut/disabled, does alarm send signal?  Yes     No

### 2. Resident Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Alarm Company/Phone \_\_\_\_\_

3. Emergency Contacts – Persons to be contacted in our absence, in the event of an alarm or other residence emergency. **Please note:** If below noted individuals are key holders, please ensure they are familiar with the proper operation of your alarm system (codes, passwords, etc). Additionally, we request your contacts be in reasonable proximity to Warren Township. We will make emergency contact only in the event of multiple alarm malfunctions or if there is something out of order in the home.

Name/Address \_\_\_\_\_ Phone \_\_\_\_\_ Key  Yes  No

Name/Address \_\_\_\_\_ Phone \_\_\_\_\_ Key  Yes  No

Name/Address \_\_\_\_\_ Phone \_\_\_\_\_ Key  Yes  No

Name/Address \_\_\_\_\_ Phone \_\_\_\_\_ Key  Yes  No