For Office Use

PERMIT NUMBER

_____

DATE:

BUSINESS
RESIDENCE

CHECK # _____

WEST WINDSOR TOWNSHIP POLICE DEPARTMENT

20 Municipal Drive • P.O. Box 38
West Windsor, New Jersey 08550
Robert Garofalo PhD(c), Chief of Police
Records (609) 799-9282 Fax (609) 799-6338

ALARM PERMIT APPLICATION

Please make $25 check payable to West Windsor Township

1. Full name of applicant _____

2. Address of applicant: _____

_____

3. Telephone number: _____ Email: _____

4. If business, common name of alarm premises: _____

5. Name, address and phone number of alarm company (if applicable) _____

_____

6. Alarm type: Burglar _____ Fire _____ Panic _____ Hold Up _____ Audible _____ Silent _____

7. Names, addresses and telephone numbers of three persons to be contacted in case of alarm and/or malfunction. (List in order depending upon shortest distance from business or residence)

1) _____

_____

2) _____

_____

3) _____

_____

8. Date of alarm system installation: _____

9. Are there any flammable or hazardous substances on the premises? If so, explain:

_____

_____
(Signature)