

POLICE DEPARTMENT

FRANKLIN TOWNSHIP

202 Sidney Road, Pittstown, NJ 088657

TELEPHONE: 908/735-6508

FAX NO.: 908/735-2990

ALARM USER PERMIT APPLICATION

Residential User: _____ Commercial User: _____

ONE TIME REGISTRATION FEE: RESIDENIAL \$ 27.00 COMMERCIAL \$27.00

Checks made payable to – Franklin Township

APPLICANT'S NAME: _____
(last) (first) (m.i.)

NAME OF PROTECTED PREMISE (Commercial): _____

APPLICANT'S TITLE (Commercial): _____

PROTECTED PREMISE: _____
(street) (city) (state) (zip)

MAILING ADDRESS: _____
(street) (city) (state) (zip)

PHONE: _____ **PHONE:** _____
(protected premise) (residential work phone)
(commercial home phone)

NAME OF PREVIOUS OWNER OF PREMISE: _____

PREVIOUS ALARM PERMIT NUMBER: _____

NAME, ADDRESS AND TELEPHONE NUMBER of at least one other person who can be reached to open the protected premise and reset/disconnect the alarm system. Commercial users MUST provide at least two names.

(name) (address) (phone)

(name) (address) (phone)

(name) (address) (phone)

*****OVER*** All applicants must complete the rear of this application**

FOR OFFICIAL USE ONLY:

DATE APPLICATION RECEIVED: _____

CHECK NUMBER: _____

ALARM SYSTEM INFORMATION

1. SELLING/INSTALLING COMPANY:

_____ (name) _____ (address) _____ (phone)

SERVICING COMPANY:

_____ (name) _____ (address) _____ (phone)

2. TYPE OF EMERGENCY THIS ALARM SYSTEM IS DESIGNED TO DETECT:

BURGLARY _____ HOLD UP _____ FIRE _____ PANIC _____ MEDICAL EMERGENCY _____

OTHER _____

TYPE OF MEDICAL EMERGENCY _____

3. TYPE OF PREMISE: SINGLE FAMILY _____ MULTI-FAMILY _____ APARTMENTS _____

COMMERCIAL: STORE FRONT _____ OFFICE BUILDING _____ ROOM # _____

4. TYPE OF ALARM: DIGITAL DIALER _____ LEASED LINE _____ CENTRAL STATION _____

CENTRAL STATION:

_____ (name) _____ (address) _____ (phone)

AUDIBLE: BELL _____ SIREN _____ OTHER _____ NON-AUDIBLE _____

Does audible device have an automatic shut off? _____ if so, after how many minutes? _____

Does system have BATTERY BACKUP? _____

HAZARDOUS RISKS (i.e., dogs, weapons, chemicals, etc.): _____

The undersigned agrees to notify the Franklin Township Police Department, in writing, of any changes to the above information at least ten (10) days prior to the effective date of such change, where practicable, and in any event, no later than fifteen (15) days after the change. Failure to do so shall provide grounds for revocation or suspension of the user permit. I understand that false alarms may result in revocation or suspension of the user permit.

I understand that in the event of a panic or medical emergency type alarm, the Police may effectuate entry to the premise in the least intrusive manner practical. I hereby release the Franklin Township Police Department, Franklin Township, its officers, employees and agents of any and all liability for any damage which may result from such entry.

_____ (print name)

_____ (signature)

_____ (date)