

**TOWNSHIP OF LAWRENCE
P.O. BOX 6006
LAWRENCEVILLE, NEW JERSEY 08648
PHONE 609-844-7018**

ALARM SYSTEM REGISTRATION PERMIT

CONTROL # _____	DATE: _____	PERMIT FEE: \$30.00 cash _____ check # _____ Update: No Charge _____ Rec'd by: _____
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PLEASE COMPLETE ALL SECTIONS BELOW:

BUSINESS **RESIDENCE**

Name (if business, enter business name) _____

Address _____

City, State, Zip _____ Phone _____

Business Owner _____ Business Contact Person _____

Address _____ Phone _____

***Resident or Person Responsible to Remit Penalty Fee:**

Name _____ **Signature** _____

LOCATION TYPE: (check one) Assembly Bank Commercial Government Building Residence School

TYPE OF ALARM SYSTEM: Burglar (B) Medical (M) Temperature (T) Holdup (H)
(check all that apply) Fire (F) High Water (O) Panic (P) Fire Waterflow/Sprinkler (W)

Location of Annunciator Panel /Key Pad _____

Alarm Service Company _____ Phone _____

Monitoring Company (if different) _____ Phone _____

EMERGENCY CONTACT PERSONS:

KEYHOLDER

1) Name _____ Phone _____ Yes No

2) Name _____ Phone _____ Yes No

3) Name _____ Phone _____ Yes No

FIRE/THEFT INSURANCE CARRIER _____

Address _____

City _____ State _____ Zip _____

Phone _____ Policy No. _____

MISCELLANEOUS: Hazardous Materials Stored: Yes No Firearms on Premises: Yes No
Guard Dog on Duty: Yes No Dog(s) on Premises: Yes No

ALL INFORMATION CONTAINED ON APPLICATION IS CONFIDENTIAL

PLEASE MAKE SURE THAT APPLICATION IS SIGNED AND FEE OF \$30.00 IS ENCLOSED WITH APPLICATION.