

ALARM REGISTRATION

TOWN OF NEWTON

39 TRINITY STREET NEWTON, NEW JERSEY 07860 973-383-2525 WWW.NEWTONPOLICE.ORG

[] RESIDENTIAL [] COMMERCIAL DATE COMPLETED _____



REGISTRANT INFORMATION				
Registrant Name:				
Residence Address:			City	State
Telephone Number(s)	Residence		Work/Cell	Zip
**Note: The Registrant is the indivi- fees assessed under the ordinance.	dual that will be responsib	ole for the proper maintenan	ce and operation of the alar	
PROPERTY INFORMATION				
Address of Alarm Location:				
(IF APPLICABLE) Name of Business				
Billing/Mailing Address			City	
State		Zip	Bus. Tel . No	
Type of Business conducted at	the site			
LARM SYSTEM INFORMATION				
Alarm Type	Burglar	Panic/Holdup	Fire	
Audible Signal	Y	Y N	Y	
Auto Audible Reset	Y N	Y N	Y	
Alarm Company Monitoring	Y N	Y N	y N	
Alarm Company (if applicable)	:			
Address:			24hr. Tel. Number: _	
Main Alarm Panel Location:				
Alarm Operating Instructions	on Site? Y N			

KEY HOLDER/CONTACT INFORMATION

Provide contact information of at least 2 individuals who have a	agreed and are able to:
 Receive notification of alarm activation at any time. 	
 Respond to the alarm site within 20 minutes at any tin 	
 Upon request can grant access to the alarm site or dea 	activate the system if necessary.
Name:	
Telephone Number:	
Name:	
Telephone Number:	
Name:	
Telephone Number:	
DN-SITE HAZARDS	
Are there any dangerous or special conditions at the site? Y (if yes, explain)	N
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Dog on site? Y N If yes: Breed	Name:
REQUIRED FEES - CHECK APPLICABLE TYPE 1. INITIAL - Residential Fee \$25.00 annually, no pro-rating, all reg	istrations expire 12/31.
2. INITIAL - Commercial Fee $$50.00$ annually, no pro-rating, all re	gistrations expire 12/31.
3. RENEWAL - Annual renewal fee is \$25.00 for both Commerical	and Residential.
The information provided above is true, accurate and conditions set forth in the Town of Newton Alarm Ordi	
SIGNATURE	DATE