



# WASHINGTON TOWNSHIP POLICE DEPARTMENT

**JEFFREY ALMER**  
CHIEF

**1 EAST SPRINGTOWN RD.**  
**LONG VALLEY, NEW JERSEY 07853**

**908-876-3232**  
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## ALARM REGISTRATION FORM

Alarm Owner/Business Name: \_\_\_\_\_  
 Alarm Home/Business Location: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home/Business Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Property Owners Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Property Owners Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Fee Schedule: New Alarm Registrations: \$50</b>		<b>Renewal Registrations: \$25</b>	
All alarm registrations are valid from January 1 <sup>st</sup> to December 31 <sup>st</sup>			
Fee Enclosed: \$ _____			
Alarm Details (check all that apply)	Alarm goes to Central Station		Alarm is audible only
	Alarm is on leased Phone Line		Alarm is on a digital dialer
	Burglar	Fire	Medical
	Panic		
Other (explain) _____			
Monitoring Service _____		Phone _____	
System Serviced By: _____		Phone _____	

**In Case of Alarm Activation or Notice, Notify the Following in this Order:**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

For additional contact information, please attach an additional piece of paper with the information