



Jeffrey Almer  
CHIEF

# WASHINGTON TOWNSHIP POLICE DEPARTMENT

1 EAST SPRINGTOWN ROAD  
LONG VALLEY, MORRIS COUNTY, NEW JERSEY 07853



908-876-3232  
FAX 908-876-5655



## ALARM/BUSINESS REGISTRATION FORM

Alarm Owner/  
Business Name: \_\_\_\_\_  
Alarm/Business  
Location : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ e-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Business  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Property Owners Phone: \_\_\_\_\_

<b>Fee Schedule</b>	New Alarm Registrations: \$50.00, Re-Registrations \$25.00.			
	All alarm registrations are valid from January 1, to December 31			
Fee Enclosed	\$ _____			
Alarm Details (Check all that apply)	Alarm goes to Central Station	<input type="checkbox"/>	Alarm is audible only	<input type="checkbox"/>
	Alarm is on a leased Phone Line	<input type="checkbox"/>	Alarm is on a digital dialer	<input type="checkbox"/>
Alarm Type (Check all that apply)	Burglar	<input type="checkbox"/>	Fire	<input type="checkbox"/>
	Panic	<input type="checkbox"/>	Medical	<input type="checkbox"/>
	Other (explain)	<input type="checkbox"/>	_____	
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*

ONE EAST SPRINGTOWN ROAD – LONG VALLEY, NJ 07853