

STILLWATER TOWNSHIP
964 Stillwater Road
Newton, NJ 07860

CONFIDENTIAL ALARM REGISTRATION FORM

A) Registrant Information:

1. Name of Registrant _____ Phone: _____
Registrant work number(s): _____
2. Address of Registrant: _____
3. Physical Address/Description of Premises: _____

B) Name of Alarmed Premises (Resident/Business Name)

1. _____

C) Alarm Installation/Maintenance Information:

1. Installer: _____ Phone: _____
Address: _____
2. Company Maintaining Alarm: _____ Phone: _____
Address: _____
3. Owner of Alarm System: _____ Phone: _____

D) Specific Location of Alarm (bedroom, kitchen, etc.) _____

E) Alarm Monitoring/Initial Response to Alarm Activation:

1. First person: _____ Phone: _____
2. Second person: _____ Phone: _____

F) Emergency Contact Numbers (Please list at least two persons):

1. First Person: _____ Phone: _____
2. Second Person: _____ Phone: _____
3. Third Person: _____ Phone: _____

I hereby indemnify and save harmless the Township of Stillwater, its agents, servants and employees, the New Jersey State Police, the Fire Departments and Rescue Squads serving Stillwater Township and all other Police Departments from and on account of any and all damages arising from or sustained as a result of any forced entry into premises during any alarm response and for failure of the Township of Stillwater, its agents, servants and employees, the New Jersey State Police, the Fire Departments and Rescue Squads serving Stillwater Township and all other Police Departments for failure to respond to any alarm.

Applicant Signature

**NOTE: There is no fee for registration.

**ANY CHANGES TO ABOVE--NOTIFY POLICE DEPARTMENT IMMEDIATELY

FOR POLICE USE ONLY

_____REGISTRATION APPROVED PERMIT #_____

_____REGISTRATION DISAPPROVED FOR THE FOLLOWING REASON(S)

ALARM OFFICER SIGNATURE