



TOWNSHIP OF FREEHOLD
ALARM SYSTEM REGISTRATION

(This box for Official use only)

Date: _____

Permit No: _____

Fee: _____

Approved Denied

Authorized by: _____

Type of Premises: Commercial Residential

Type of Alarm: Burglar Fire

Applicant's Name: _____

Applicant's Phone: _____ D.O.B. _____

Applicant's Address: _____ Driver's License #: _____

Address of Alarm Location: _____

Name of Business *If Applicable*: _____

Name of Alarm Monitoring Company: _____

Alarm Company Address: _____

Alarm Company Phone: 1) _____ 2) _____

Name of Alarm Co. Rep. _____ Phone: _____

In case of emergency, please list in order of priority, persons to be contacted and are authorized to gain entry into the premises.

1) Contact Name: _____ Phone: _____

Contact Address: _____

Contact D.O.B: _____ Driver's License #: _____

2) Contact Name: _____ Phone: _____

Contact Address: _____

Contact D.O.B: _____ Driver's License #: _____

3) Contact Name: _____ Phone: _____

Contact Address: _____

Contact D.O.B: _____ Driver's License #: _____

By signing this registration document, I agree to abide by all terms and conditions set forth in the Alarm System Ordinance, as described in Chapter 67 of the Township of Freehold revised general ordinances. Failure to submit a completed application will result in the denial of the permit.

Applicant Signature: _____ Date: _____

This Completed applications must be brought to the Freehold Township police Records bureau during normal business hours.