



Old Tappan Police Department

ALARM REGISTRATION FORM

(\$20.00 Annual Registration Fee: Payable to "The Borough of Old Tappan")

Name: _____

Address: _____

Phone (Unlisted Y/N): _____ Phone (Unlisted Y/N) _____

EMERGENCY CONTACTS

(Who should the police contact if the alarm activates when the building is unoccupied)

Name: _____

Address: _____

Phone (Unlisted Y/N): _____

Name: _____

Address: _____

Phone (Unlisted Y/N): _____

Name: _____

Address: _____

Phone (Unlisted Y/N): _____

Name: _____

Address: _____

Phone (Unlisted Y/N): _____

Does the alarm company notify the Homeowner/Emergency Contact when the system activates? Yes ___ No ___

ALARM SYSTEM INFORMATION

Fire Yes ___ No ___ Other Type: _____

Burglary Yes ___ No ___

Outside Audible Yes ___ No ___ _____

Auto Dealer Yes ___ No ___ Dials Who: _____

Auto Reset Yes ___ No ___ Reset Time: _____ Minutes

Alarm Company: _____ Phone (Unlisted Yes / No) _____

SIGNED: _____ DATE: _____