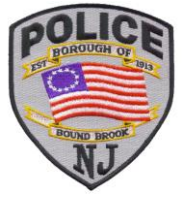




Bound Brook Police Department



226 Hamilton Street
Bound Brook, NJ 08805

Phone: (732) 356-0800 Fax: (732) 563-0320

Michael D. Jannone
Chief of Police

Captain Kevin Rivenbark

ALARM REGISTRATION

Date of Application _____

Applicant Name _____

Common Name (if applicable) _____

Premise Address _____

Premise Phone Number _____

Owners Name, Address & Phone _____
(If different from above)

Alternate Contact Information _____
(ex. Cell Phone, Email)

Business Type _____ Normal Hours _____

Alarm Type (Check all that apply) _____ Burglar _____ Automatic Hold-Up
_____ Audible alarm _____ Manual Hold-Up
_____ Silent alarm _____ Other

Alarm automatically _____ shuts off _____ Resets in _____ minutes
(Alarm must shut off or reset within 15 minutes)

Name & Phone Number of Alarm Company _____

Name & Phone Number of Monitoring Company _____

Alarm description, activation points, interior/exterior audible, etc. _____

Name, Address & Phone Numbers of three (3) persons to be contacted in case of activation/emergency who are familiar with the alarm system, have keys and/or passwords that can respond in a reasonable amount of time.

1. _____

2. _____

3. _____

List any hazards or animals on the property _____

Any additional information _____

Reminder, per borough ordinance, if there has occurred any material change in the information previously submitted with respect to any alarm system by the alarm user, it shall be the duty of the alarm user, within 10 days of such material change, to file a supplemental or revised registration containing accurate, current information.

A new homeowner, occupant or user possessing or using an alarm system shall be responsible for notifying the Borough Clerk and submitting a new registration, within 30 days of his, her or its purchase and/or transfer of title of the property.