



Office of the Chief of Police
100 COMMONS WAY BRIDGEWATER, NEW JERSEY 08807-2801

*Bridgewater
Police
Department*

Manuel Caravela
Chief of Police

FAX (908) 722-2402

Bridgewater Township Alarm Registration and Emergency Notification Information

Dear Bridgewater Resident:

Enclosed please find a copy of the **Bridgewater Township Alarm Ordinance**. A major provision of the Ordinance is that **all** alarms must be registered with the Police Department. An alarm registration form is attached for you to complete. We request that you complete this registration form in its entirety and return it for our files. Also, any changes to your registration during the year must be reported to us immediately.

Each year, the Bridgewater Police respond to over 4,000 alarm activations, most of which are either accidentally activated or are due to faulty equipment. Without the alarm owners information, we have no way of notifying you of a problem.

Again, I request that you complete the enclosed form and return it to:

**Bridgewater Police Department
Attention: Richard Larsen, Alarms Manager
100 Commons Way
Bridgewater, New Jersey 08807-2801**

If you have any questions, please call (908) 722-4111 ext. 4055.
Thank you for your cooperation in this matter.

Very truly yours,

Manuel Caravela
Chief of Police

By: Richard Larsen
Alarms Manager

Enclosures (2)

NOTE: *With the implementation of the Emergency 911 System in Bridgewater, you are required to have the street number of the residence or business clearly visible from the road. This will greatly aid us in assisting you during times of emergency.*

Alarm # _____
(Assigned by PD)

Bridgewater Police Department
Richard Larsen, Alarms Manager
100 Commons Way
Bridgewater, New Jersey 08807
Telephone: 908-722-4111 ext. 4055

New Change

Alarm Registration and Emergency Notification Information

(Please print clearly)

Name: _____

Alarm Site: Residence Business

Alarm Address/Location: _____

Responsible party: _____

Mailing Address: _____

City, State, Zip: _____

Home/Business Phone: _____ Other Phone _____

Cell or business (please circle)

Alarm Company: _____

24 Hour Emergency Alarm Co. #: _____

Central Station Alarm Local Alarm No Alarm - Emergency Contact Only

Please list, in priority order, the persons to be contacted in case of an alarm activation or other emergency at this location. Supply the names, home and other phone number for your emergency contacts. Please take a moment to instruct them on how your alarm system works and how to reset the system. Make sure they have information about the alarm system accessible to them and an entrance key.

1. Name:	Home Phone:
	Other Phone: (Please circle) Cell or Business
2. Name:	Home Phone:
	Other Phone: (Please circle) Cell or Business
3. Name:	Home Phone:
	Other Phone: (Please circle) Cell or Business

-----For Alarm Registrations Only-----

Applicant acknowledges that he/she has received a copy of "ORDINANCE, CHAPTER 100 OF THE CODE OF THE TOWNSHIP OF BRIDGEWATER ENTITLED EMERGENCY PANEL AND PRIVATE ALARM SYSTEMS," and that the applicant has read and understands the Ordinance.

(Attention: Any changes in registration or notification information must be made within 70 days. Section S100-7 specifies service fees and conditions of false alarm activations.)

Signature of Applicant _____

Application Date _____

Approved: _____ Date _____