

Print Form

Submit by E-mail

PERMIT # _____

CS Code: _____

Do not write in this box

Township of Holmdel, New Jersey ALARM PERMIT APPLICATION

Please type or print in ink. Incomplete or unsigned applications will be returned.

1. Premise:

a. If Resident: First Name _____ Last Name _____

b. If Business: Company Name _____

Address: _____ P.O. Box _____

2. Mailing Address: _____

3. Telephone #: Home _____ Work 1 _____ Work 2 _____

Cell _____ Other _____

4. Type of Premises: House Town House/Condo Apartment Business _____

Other _____ (describe)
(describe)

5. Type of Alarm System: Burglar Fire Hold-up/Panic Medical Other _____

(describe)

6. Does system have an outdoor audible signal? No Yes How long does alarm sound? _____ minutes.

7. Does your outdoor audible signal have a time out? No* Yes

*Alarm must shut-off within 15 minutes per Township Ordinance.

8. Location of shut-off/reset switch: _____

9. Alarm is (or will be) connected to: (check one):

A. Central station alarm monitoring office.
Central station response code/password if you have one*: _____
(optional)

*NOTE: We DO NOT want the code number that operates your alarm system.

B. A local alarm. (sounds at your residence or business only)

C. Police headquarters via a telephone dialer device.*

*I understand that a telephone dialer device may be easily compromised, and that the protection afforded is substantially less than Police Headquarters Alarm Console systems employing leased telephone lines. I agree to program my dialer only to the special telephone number established for dialer devices, and to abide by all restrictions contained in the local ordinance applying to dialers. I understand I will be charged an annual fee for the use of a special telephone line at police headquarters reserved exclusively for dialer alarm calls.

10. Alarm company information:

Company Name	Contact	Phone:
		Phone:
Address	City, State	Zip Code
Monitoring Company	Phone	

11. Name, address, and telephone number of persons having access to reset alarm or to be contacted in event of emergency and you cannot be reached.

Name	Address	City/State/Zip	Phone #
1.			
2.			
3.			

12. In making this application I certify that:

- All information furnished herein is true in every detail.
- I have received a copy of the Holmdel Township Alarm Ordinance.
- I will operate my alarm system in such a manner as to minimize false alarms, recognizing that police and fire units responding to false alarms are unavailable for genuine emergencies.
- I have read the Alarm Ordinance and understand the penalty provisions for excessive false alarms and continuously sounding outside signals.
- I will permit inspection of my alarm system at any reasonable hour by the Chief of Police or his designated representative.
- I agree to save harmless the Township of Holmdel, its agencies, departments, officials and employees from any liability or damages arising out of operation or miss-operation of my alarm system.

13. _____
Date of Application

14. _____
Signature of Applicant (in ink)

15. _____
PRINT name of applicant

16. _____
If corporation, title of corporate officer signing this application.

- Check that you have answered 16 items. File application with the Holmdel Police Department.
- You will receive a permit and permit number for use by members of your household to clear false alarm calls.

Return Application To: **Holmdel Police Department**
4 Crawfords Corner Road
P.O. Box 410
Holmdel, NJ 07733