

CITY OF MILLVILLE
POLICE EMERGENCY ALARM - USER PERMIT APPLICATION

Chapter 33, Article XIV

OWNER _____

ADDRESS _____

HOME PHONE # _____ WORK PHONE # _____

EMAIL (optional) _____

ADDRESS WHERE DEVICE IS INSTALLED

☐ SAME AS ABOVE ☐ BUSINESS LOCATION ☐ RENTAL PROPERTY

BUSINESS/OCCUPANT NAME _____

ADDRESS _____ PHONE # _____

TYPE OF ALARM: ☐ DIALER ☐ AUDIBLE ☐ DIRECT TO POLICE PANEL

ALARM VENDOR/INSTALLER _____

ADDRESS _____ PHONE# _____

ALARM REPAIR SERVICE _____

ADDRESS _____ PHONE# _____

PERSONS AUTHORIZED TO RESPOND (other than listed owner) WHO CAN ASSIST POLICE
WITH SECURING THE PROPERTY, IF NECESSARY.

1. NAME _____ PHONE# _____

ADDRESS _____

2. NAME _____ PHONE# _____

ADDRESS _____

Signature: _____ Date: _____

PLEASE INCLUDE YOUR PERMIT FEE OF \$20.00 (Senior Citizens & 100% Permanently Disabled
Persons Exempt from this fee--proof required.) FOR THE CURRENT YEAR, MADE PAYABLE TO
CITY OF MILLVILLE AND RETURN ALONG WITH THIS FORM TO: CITY CLERK'S OFFICE, PO BOX 609,
MILLVILLE, NJ 08332.

CITY OF MILLVILLE
PO BOX 609
MILLVILLE, NJ 08332

Any questions, please call (856) 825-7000 Ext 7229 - 8:30a.m. - 4:30p.m. Monday-Friday
(Except Holidays)