

**APPLICATION FOR ALARM DEVICE  
TOWNSHIP OF WINSLOW  
125 SOUTH ROUTE 73, BRADDOCK, NJ 08037-9422  
NEW + RENEWALS TO COMPLETE ENTIRE FORM!**

(1) OWNERS NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

(2) ADDRESS: \_\_\_\_\_ Email \_\_\_\_\_

(3) ADDRESS OF ALARM DEVICE: \_\_\_\_\_

(4) BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ OF ALARM SERVICE

(5) ALARM MONITORING COMPANY \_\_\_\_\_ TEL# \_\_\_\_\_

(6) ALARM COMPANY ADDRESS \_\_\_\_\_ ZIP: \_\_\_\_\_

(7) TYPE OF ALARM DEVICE: **CHECK ONE**

- DIAL / ACTUATOR ALARMS (ALARM COMPANY CALLS POLICE / FIRE DISPATCH)
- LOCAL ALARM (AUDIBLE ALARM ONLY – NO MONITORING)
- HARD WIRE CONNECTION TO MONITOR/COMMAND\*

\*CONNECTION PHONE NUMBER MUST BE ASSIGNED BY POLICE DEPT.

(8) PLEASE **CHECK ALL THAT APPLY** COLUMN:

THIS ALARM WILL FACILITATE THE FOLLOWING:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> COMMERCIAL BUSINESS | <input type="checkbox"/> BURGLAR     |
| <input type="checkbox"/> RESIDENCE           | <input type="checkbox"/> HOLD UP     |
| <input type="checkbox"/> INSTITUTION         | <input type="checkbox"/> FIRE        |
| <input type="checkbox"/> OTHER _____         | <input type="checkbox"/> OTHER _____ |

(9) LIST IN PREFERENTIAL ORDER THE NAME, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP (FRIEND, INLAW, BROTHER, ECT) OF INDIVIDUALS TO BE CONTACTED TO PROVIDE NECESSARY ATTENTION TO THE ALARM DEVICE. THESE INDIVIDUALS SHOULD HAVE ACCESS TO YOUR HOME!

(9A) Name \_\_\_\_\_ Address \_\_\_\_\_ Relation \_\_\_\_\_

HOME (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ OTHER (\_\_\_\_) \_\_\_\_\_

(9B) Name \_\_\_\_\_ Address \_\_\_\_\_ Relation \_\_\_\_\_

HOME (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ OTHER (\_\_\_\_) \_\_\_\_\_

(9C) Name \_\_\_\_\_ Address \_\_\_\_\_ Relation \_\_\_\_\_

HOME (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ OTHER (\_\_\_\_) \_\_\_\_\_

(10) ANY SPECIAL INSTRUCTIONS / HAZARDOUS CONDITIONS FOR AUTHORITIES RESPONDING TO ALARM. EXAMPLES: ANIMALS ON SITE, HANDICAPPED PERSON, ECT.

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

(11) I UNDERSTAND AND AGREE THAT THE TOWNSHIP IS RENDERING ME A PRIVILEGED SERVICE THROUGH THE MEDIUM OF THE POLICE DISPATCH FACILITY, AND AGREE TO HOLD IT COMPLETELY HARMLESS AND WITHOUT LIABILITY TO ANY RESULT ARISING FROM AN INCIDENT OR EVENT RELATED DIRECTLY OR INDIRECTLY TO THE MONITORING FACILITY. I UNDERSTAND AND AGREE THAT IF I DON NOT REGISTER AND RENEW THE ALARM, AND TO POLICE ARE CALLED FOR A FALSE ALARM, I WILL BE SUBJECT TO A FINE.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\*\*\*\*\*

(THIS SECTION FOR OFFICIAL USE)

DATE: \_\_\_\_\_

APPLICATION RECEIVED BY:

APPLICATION CONSIDERED COMPLETE:

COMMENTS: \_\_\_\_\_

BY: \_\_\_\_\_  
MUNICIPAL CLERKS REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

CONCURRENCE: \_\_\_\_\_  
CHIEF OF POLICE