TOWNSHIP OF UNION POLICE DEPARTMENT

RESIDENTIAL ALARM REGISTRATION

Complete all applicable fields. Type directly into the form, then save or print.

RESIDENT AND PREMISES INFORMATION

NAME OF RESIDENT

ADDRESS OF PREMISE

LIST EACH BUILDING / ADDITIONAL PREMISES

NEAREST CROSS STREET

EMAIL ADDRESS

HOME PHONE

CELL PHONE

WORK PHONE

SPECIAL SITUATIONS AT THE RESIDENCE

Include mobility, vision or hearing needs, oxygen on premises, or other emergency considerations.

SPECIAL SITUATIONS / DETAILS - LINE 1

SPECIAL SITUATIONS / DETAILS - LINE 2

EMERGENCY CONTACT 1

CONTACT 1 - NAME

CONTACT 1 - ADDRESS

CELL PHONE

HOME PHONE

WORK PHONE

TOWNSHIP OF UNION POLICE DEPARTMENT

RESIDENTIAL ALARM REGISTRATION

Additional emergency contact, alarm information and submission instructions.

EMERGENCY CONTACT 2

CONTACT 2 - NAME

CONTACT 2 - ADDRESS

CELL PHONE

HOME PHONE

WORK PHONE

SIGNATURE (TYPE FULL NAME)

DATE

ALARM INFORMATION

BRAND OF EQUIPMENT

TYPE OF ALARM (CHECK ALL THAT APPLY)

- ☐ Intrusion
- ☐ Hold-Up / Panic
- ☐ Fire
- ☐ Medical

CENTRAL STATION - NAME

CENTRAL STATION - ADDRESS

CENTRAL STATION - PHONE

ALARM SOUND

- ☐ Audible
- ☐ Silent

AUTOMATIC RESET

- ☐ Yes
- ☐ No

Audible alarms: 15-minute reset required (except fire).

ALARM MAINTAINED BY - NAME

ALARM MAINTAINER - ADDRESS

ALARM MAINTAINER - PHONE

ADDITIONAL SECURITY MEASURES

- ☐ Dog(s) on premises
- ☐ Guard service

Fire suppression and detection systems: annual testing required. Submit reports to Fire Prevention Bureau, 1 Bond Dr., Union, NJ 07083 (NJAC 5:70-3.2(a) 901.6).
Mail completed form to the Alarm Enforcement Unit at the address below.
THERE IS NO FEE FOR A RESIDENTIAL ALARM.

OFFICE USE ONLY - DATE RECEIVED

OFFICE USE ONLY - LOGGED INTO COMPUTER