**Borough of Milltown**
Borough Police Department
39 Washington Ave.
Milltown, NJ 08850
(732)828-1100

# Alarm Registration Application

**Date** _____

**Fee** **$10.00**

## 1. Applicant Information:

Name of Applicant _____ Phone Number (Unlisted) _____ E-mail _____

Address of Applicant _____ Street Address _____ Town _____ State _____ Zip

## 2. Installer Information

Name of Installer _____ Phone Number _____ E-mail _____

Address of Installer _____ Street Address _____ Town _____ State _____ Zip

## 3. Technical Data

### A. Type of Alarm System

☐ Dial Alarm ☐ Local Alarm ☐ Central Office Alarm ☐ Direct Alarm

Type of Signal Transmitted ☐ Other _____

☐ Fire ☐ Burglar ☐ Panic ☐ Medical

☐ Ambush ☐ Hold up ☐ Low Water ☐ Flood

### B. Dialer Alarm Information

Dialer Make _____ Dialer Model _____ Format _____

Third Party Notify Name _____ Phone Number _____

### C. Local Alarm Information

Local Alarm Notify Person Name _____ Phone Number _____

☐ Bell ☐ Siren ☐ Horn Check all that Apply

Time relay limits operation of a bell to _____ Minute(s) _____ Second(s)

### D. Central Office Alarm Information

Central Station Name _____ Phone Number _____

☐ Bell ☐ Siren ☐ Horn Check all that Apply

Time relay limits operation of a bell to _____ Minute(s) _____ Second(s)

### E. Direct Alarm Information

Name of Licensee _____ On Call One Hour Respond Phone _____

Address of Installer _____ Street Address _____ Town _____ State _____ Zip

Public Liability _____ Policy Number _____ Effective Date _____ Expiration Date _____ Insurance Co.

**Applicant has received a copy of Milltown Ordinance relating to Alarm Systems.**

**Signature** _____ **Printed Name** _____ **Date** _____