

Bureau of Alarms
309 Main Street
Fort Lee, NJ 07024
201-592-3585

ALARM REGISTRATION NOTICE

AMOUNT DUE _____

DUE DATE _____

Billing/Mailing Address

Alarm Site Information

Bus. Phone: _____
Home Phone: _____

(Please make any needed corrections to above information)

Alarm Type: Burglar _____ Hold Up _____ Panic _____ Fire _____ Medical _____ Water Flow _____ Other _____

Transmitted Via: Dialer _____ Local/Central Station _____ Keltron _____ # _____

Date: _____

To Whom It May Concern:

This is to advise you that you must register your alarm for the period starting January 1st of this year to January 1st of next year. Please read this form and make any additions and/or revisions as requested. Return this form with the fee indicated above as soon as possible.

NOTE: FAILURE TO COMPLETE THIS FORM OR TO INCLUDE PAYMENT IN FULL WILL RESULT IN FINES OF \$50.00 PER YEAR AND OR DISCONNECTION. BOROUGH ORDINANCE: 79-4:1.15.

ALARM COMPANY INFORMATION

Alarm Co. Name: _____ Phone #: _____

EMERGENCY CONTACTS

Name of responsible Person of
Corp., LLC, partnership or resident

Home Phone #

#1 _____

#2 _____

#3 _____

(Emergency Contacts will be called in the order provided above)

Your Signature: _____

Date: _____

Office Use # _____