



## WEST WINDSOR TOWNSHIP POLICE DEPARTMENT

Chief Robert Garofalo PhD(c)

20 Municipal Drive • P.O. Box 38

West Windsor, New Jersey 08550

Main: 609-799-1222 • Records: 609-799-9282

Fax: 609-799-6338 • Admin Fax: 609-897-9010

(GPS: 271 Clarksville Rd.)

### ALARM PERMIT APPLICATION

**\$25 check/money order payable to West Windsor Township**

1. Name of applicant/or  
Responsible Contact: \_\_\_\_\_

2. Address of Alarm premises: \_\_\_\_\_  
**Mailing Address**  
( If different then premises): \_\_\_\_\_

3. Phone#: \_\_\_\_\_ 2<sup>nd</sup> Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

4. If business, **common name** (alarm premises):  
\_\_\_\_\_

5. If property is leased-Name of property owner, phone #, & address:  
\_\_\_\_\_

6. Name, address and phone number of **Alarm Company**:  
\_\_\_\_\_  
\_\_\_\_\_

7. Alarm type:  Burglar  Fire  Panic  Hold Up  Audible  Silent

8. Names, addresses and telephone numbers of three persons to be contacted in case of alarm and/or malfunction.  
(List in order depending upon shortest distance from business or residence)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

9. Date of alarm system installation: \_\_\_\_\_

10. Are there any flammable or hazardous substances on the premises? If so, explain:  
\_\_\_\_\_

**All applicable fields must be completed. Do not leave blank.** \_\_\_\_\_

(Signature) \_\_\_\_\_

