



## 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**

Permit #:

For Office Use:

Date: \_\_\_\_\_

☐ Business

☐ Residence

Check # \_\_\_\_\_

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)

www.westwindsorpolice.com ♦ facebook.com/WWPolice ♦ Twitter: @westwindsorpd

