



WEST WINDSOR TOWNSHIP POLICE DEPARTMENT

Chief Robert Garofalo PhD(c)

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West Windsor, New Jersey 08550

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

For Office Use

Permit #

Date: _____

Business

Residence

Check&Date Registration:

ALARM PERMIT UPDATE

No Charge if registration is not due

1. Name of applicant/or
Responsible Contact: _____
2. Address of Alarm premises: _____
Mailing Address
(if different then premises): _____
3. Phone number: _____ Email: _____
Secondary phone number: _____
4. If business, **common name**
of 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:

(Signature)

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