

**Hopewell Township Police Department
ALARM REGISTRATION FORM**

Please complete and return to – Hopewell Township Police Department
201 Washington Crossing Pennington Road
Titusville, NJ 08560

SUBSCRIBER INFORMATION:

Premises Type: () Residential () Business () Both
Alarm is: () New Installation () Existing

NAME: _____
ADDRESS: _____
HOME PHONE: () _____ WORK PHONE: () _____

If a business; NAME OF OWNER, ETC.: _____

ADDRESS: _____
PHONE NUMBER: () _____

What Company monitors your alarm system?

NAME: _____ PHONE NUMBER: () _____
ADDRESS: _____

Local contact person(s) who have a key:

NAME: _____ PHONE NUMBER: () _____
NAME: _____ PHONE NUMBER: () _____

Types of alarms on premises: (DO NOT INCLUDE SMOKE DETECTORS)

() Burglar () Fire () Hold Up () Panic
() Medical Alert () Other/Explain: _____

SPRINKLER: () YES () NO GUNS: () YES () NO

HAZARDOUS MATERIALS: _____

WEAPONS IN THE HOME: () YES, () NO, LOCATION OF WEAPONS:

Directions to your Location/provide landmarks to identify property:

FOR AGENCY USE ONLY

AGENCY #: _____ RECORD #: _____ PANEL#: _____
ALARM #: _____ TYPE: _____ VENDOR: _____

***NEW INSTALLATIONS REQUIRE PERMIT FROM BUILDING INSPECTOR!**

PERMIT #: _____ INSTALLED BY: _____