

Princeton Township Police Department One Valley Road, Princeton, NJ 08540 609/921-2100 FOR POLICE USE ONLY

ID#

Date Paid:

2008 YEARLY ALARM REGISTRATION



If your information is the same as last year, simply write your name and address below and SAME AS LAST YEAR and we will update your file accordingly.

Indicate what type of alarm you are registering:

Residence	Business	Sch	ool	Apartment	Other	()	
Type of System: Burglary Fire Panic (C		Hold Up heck all that apply	Vault y)	Medical	Other		
ALARM COMPANY (Company that installed or repairs your alarm system) Name:							

Address:

Phone:

MONITORING COMPANY (Company that contacts Police when alarm is activated)

Name:

Address:

Phone:

RESIDENCE / BUSINESS

Name:		
Business Name:		
Street Address:		
Mailing Address:		
Home Phone #	Business Phone #	Cell Phone #

BUSINESS HOURS OF OPERATION

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

TENANT / SECONDARY ADDRESS INFORMATION

Name:

Street Address: Mailing Address:

Home Phone #	Business Phone #	Cell Phone #

EMERGENCY CONTACTS Check here if you would prefer to be contacted prior to your emergency contacts listed below. The individuals chosen should either have working knowledge of how your alarm system operates or know where to reach you in the event of an emergency. It is REQUIRED that at least your first contact live locally.

1. Name		Key Holder	Yes	No	
Address					
Home Phone#	Business Phone#	Cell	Cell Phone#		
2 N		77 11 11	N 7	N	
2. Name		Key Holder	Yes	No	
Address					
Home Phone#	Business Phone#	Cell	Cell Phone#		
3. Name		Key Holder	Yes	No	
		Key Holdel	105	INU	
Address					
Home Phone#	Business Phone#	Cell	Cell Phone#		