YEARLY ALARM REGISTRATION FORM

(Alarm Registrations expire January 31st of each year)

Bedminster Township Police Department
55 Miller Lane
Bedminster, NJ 07921
Tel. 908.212.7024 (non-emergency)
Fax 908.212.7003
Duane T. Kavanaugh,
Alarm Administrator, Ext. 275

Yearly Registration Fee $20.00

(All information provided will remain strictly confidential)

Name / Residence or Business		
Street Address		
Mailing Address *(if different from above)*		
Home Phone *(if residence)*	Business Phone *(if business)*	Fax #
Owner #1: Name / Cell Phone	Owner #2: Name/Cell Phone	

Property Owner Information *(if different than Registrant)*

Name of Property Owner:	Home Phone: Work Phone:	Cell Phone:

Emergency Contact Information (***List 2 Contacts***; *Contacts should have keys for entry and knowledge of the alarm system*)

1	Name	Home Phone:	Work Phone:	Cell Phone:
2	Name	Home Phone:	Work Phone:	Cell Phone:

Alarm Information	Alarm System Installer	Alarm System Monitoring Provider
Type of Alarm: ☐ Burglar ☐ Medical ☐ Panic ☐ Hold Up ☐ Fire ☐ Smoke ☐ Carbon Monoxide ☐ Other _____ Exact location of alarm panel: _____ _____	Name	Name
	Address	Address
	Telephone	Telephone
	Account #	Account #

The Registrant signifies that: they have received a copy of and understood all the provisions of Ordinance #05-017, that they have been trained in the use of the alarm by the alarm installer, they have trained all responsible parties who have access to the property, including "key holders", in the proper use of the alarm system, and it is the responsibility of the undersigned to ensure that the alarm system is properly maintained. Emergency services cannot confirm a "cancellation call" from the alarm monitoring company or alarm location. Any notification of an alarm will elicit a response from emergency services and will be subject to the provisions of the alarm ordinance.

_____ Signature of Registrant _____ Date

FEE PAID:	☐ Yes		REGISTRATION #	COPY TO FIRE OFFICIAL:	☐ Yes	