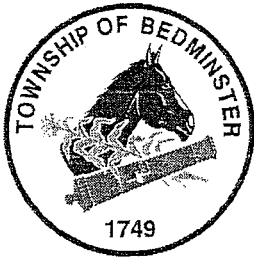


**YEARLY ALARM REGISTRATION FORM**  
 (Alarm Registrations expire January 31<sup>st</sup> of each year)



**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 2024  
 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)				
<b>1</b>	Name	Home Phone:	Work Phone:	Cell Phone:
<b>2</b>	Name	Home Phone:	Work Phone:	Cell Phone:

Alarm Information	Alarm System Installer	Alarm System Monitoring Provider
Type of Alarm: <input type="checkbox"/> Burglar <input type="checkbox"/> Medical <input type="checkbox"/> Panic <input type="checkbox"/> Hold Up <input type="checkbox"/> Fire <input type="checkbox"/> Smoke <input type="checkbox"/> Carbon Monoxide <input type="checkbox"/> Other _____ Exact location of alarm panel: _____ _____	Name  Address  Telephone  Account #	Name  Address  Telephone  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:	<input type="checkbox"/> Yes	REGISTRATION	COPY TO FIRE OFFICIAL:	<input type="checkbox"/> Yes
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**MAKE CHECKS PAYABLE TO:  
 BEDMINSTER TOWNSHIP**