



# WEST WINDSOR TOWNSHIP POLICE DEPARTMENT

## Chief Robert Garofalo PhD(c)

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### ALARM PERMIT RENEWAL

Please make **\$25 check** payable to West Windsor Township

Permit #: \_\_\_\_\_

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*For Office Use:*

Date: \_\_\_\_\_

Business

Residence

Check # \_\_\_\_\_

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)**

