



WEST WINDSOR TOWNSHIP POLICE DEPARTMENT

Chief Robert Garofalo PhD(c)

20 Municipal Drive ♦ P.O. Box 38
West Windsor, New Jersey 08550
Main: 609-799-1222 ♦ Records: 609-799-9282
Fax: 609-799-6338 ♦ Admin Fax: 609-897-9010

Permit #: _____

For Office Use:

Date: _____

Business

Residence

Check # _____

ALARM PERMIT APPLICATION

Please make \$25 check payable to West Windsor Township

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)

