RUMSON POLICE DEPARTMENT

Alarm System Permit Application

Please complete or update your application

Name:_____D.O.B_____

Home address:_____

Telephone:_____

Home Cell

Email:_____

Type of Premises:_____

(if business, describe)

Type of Alarm: Burglar Fire Hold Up Other:_____

Alarm Company:_____

Name Phone

_____

Address

Emergency Contacts (not living in the house):

_____

Name Address Phone

_____

Name Address Phone

Was the alarm a new installation? Yes No

If no, who was the previous home owner?_____

Does the system have an outside audible? Yes No

Date of application:_____

PLEASE DO NOT WRITE BELOW THIS LINE

Permit Number Issued:_____

Date Issued:_____