

SAYREVILLE POLICE DEPARTMENT
ALARM APPLICATION/REGISTRATION

**Be advised there is a one-time \$20.00 application fee (payable to
Borough of Sayreville). Applications may be mailed to:
Sayreville Police Department
1000 Main Street
Sayreville, NJ 08872**

Type of Alarm Hookup:

Central Office ()
Local (on-site) ()
Dialer ()

Type of Alarm:

Burglar ()
Fire ()
Other* ()

Date Installed: _____

*Specify: _____

Applicant or Business Name

Address at Alarm Site

Owner's Name & Address if Different from Above

Telephone Number

Alarm Company

Alarm Company Telephone Number

List individuals to be contacted in case of emergency. Contacts listed should have access to the property.

1. Name & Address: _____
Telephone Number: _____
2. Name & Address: _____
Telephone Number: _____
3. Name & Address: _____
Telephone Number: _____

It is hereby understood and agreed that the Permittee shall release the borough of Sayreville, its officers, agents and employees from any and all liability or damages directly or indirectly related to the installation, operation or maintenance of any alarm equipment located at the Permittee's premises.

Signature of Owner/Representative

Date

DO NOT WRITE BELOW THIS LINE

Approved ()

Denied () By: _____

Comments: _____