



ALARM REGISTRATION

TOWN OF NEWTON
 39 TRINITY STREET NEWTON, NEW JERSEY 07860
 973-383-2525 WWW.NEWTONPOLICE.ORG



[] RESIDENTIAL [] COMMERCIAL DATE COMPLETED _____

REGISTRANT INFORMATION

Registrant Name: _____

Residence Address: _____ City _____ State _____

Telephone Number(s) _____ Zip _____
Residence Work/Cell

****Note: The Registrant is the individual that will be responsible for the proper maintenance and operation of the alarm system and payment of any fees assessed under the ordinance. Registration cannot be transferred to another person or alarm site.**

PROPERTY INFORMATION

Address of Alarm Location: _____

**** (IF APPLICABLE) ****

Name of Business _____

Billing/Mailing Address _____ City _____

State _____ Zip _____ Bus. Tel . No. _____

Type of Business conducted at the site _____

ALARM SYSTEM INFORMATION

Alarm Type	Burglar	Panic/Holdup	Other
Audible Signal	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Auto Audible Reset	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Alarm Company Monitoring	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Alarm Company (if applicable): _____

Address: _____ 24hr. Tel. Number: _____

Main Alarm Panel Location: _____

Alarm Operating Instructions on Site? Y N

KEY HOLDER/CONTACT INFORMATION

Provide contact information of at least 2 individuals who have agreed and are able to:

- Receive notification of alarm activation at any time.
- Respond to the alarm site within 20 minutes at any time.
- Upon request can grant access to the alarm site or deactivate the system if necessary.

Name: _____

Telephone Number: _____

Name: _____

Telephone Number: _____

Name: _____

Telephone Number: _____

ON-SITE HAZARDS

Are there any dangerous or special conditions at the site? Y N
(if yes, explain)

Dog on site? Y N If yes: Breed _____ Name: _____

REQUIRED FEES

1. Residential Fee \$50.00 per year. Register between January 1st and June 30th.
2. Commercial Fee \$75.00 per year. Register between January 1st and June 30th.
3. Residential Fee \$25.00 remainder of year. Register between July 1st and December 31st.
4. Commercial Fee \$40.00 remainder of year. Register between July 1st and December 31st.

The information provided above is true, accurate and complete. I agree to abide by the terms and conditions set forth in the Town of Newton Alarm Ordinance #45.

REGISTRATION PERIOD _____ TO _____

SIGNATURE

DATE