

FAIR LAWN POLICE DEPARTMENT

BUSINESS ALARM REGISTRATION APPLICATION

PLEASE UPDATE AND RETURN

Business Information

Business Name: _____

Business Address: _____

Floor/Suite # _____

Business Phone #: _____

Alarm Information

Alarm Monitoring
Company: _____

Monitoring Company
Phone #: _____

Alarm type(s) Burglar___ Fire___

Emergency Contact(s)

1. Name (owner): _____

Address: _____ City: _____ State: _____

Phone# _____ Cell# _____

2. Name: _____ Phone _____

Cell #: _____

Address: _____ City: _____ State: _____

3. Name: _____ Phone _____

Cell #: _____

Address: _____ City: _____ State: _____

**** FAX # 201-475-0882 ****