

# FAIR LAWN POLICE DEPARTMENT

## ALARM REGISTRATION APPLICATION

### Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Floor / Suite # \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Alarm Information

Alarm Monitoring Company: \_\_\_\_\_

Alarm Company Phone # \_\_\_\_\_

Alarm Type(s) Burglar \_\_\_\_\_ Fire \_\_\_\_\_

### Emergency Contact(s)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Keyholder? Yes \_\_\_\_\_ No \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Keyholder? Yes \_\_\_\_\_ No \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Keyholder? Yes \_\_\_\_\_ No \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Keyholder? Yes \_\_\_\_\_ No \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

\*\*\*Return to [ggraziano@fairlawnpd.com](mailto:ggraziano@fairlawnpd.com) or Fax to 201-703-4267\*\*\*

Revised 11-17-2020