

FAIR LAWN POLICE DEPARTMENT

HOMEOWNER ALARM REGISTRATION APPLICATION

PLEASE UPDATE AND RETURN

Homeowner Information

Homeowner Name: _____

Homeowner Address: _____ Floor # _____

Homeowner Phone #: _____

Alarm Information

Alarm Monitoring
Company: _____

Monitoring Company
Phone #: _____

Alarm type(s) Burglar___ Fire___

Emergency Contact(s)

1. Name: _____ Phone _____
Cell #: _____

Address: _____ City: _____ State: _____

2. Name: _____ Phone _____
Cell #: _____

Address: _____ City: _____ State: _____

3. Name: _____ Phone _____
Cell #: _____

Address: _____ City: _____ State: _____

4. Name: _____ Phone: _____
Cell #: _____

Address: _____ City: _____ State: _____

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