

Residential Alarm

Business Alarm

TOWNSHIP OF HAMILTON POLICE
Alarm Registration Application
6101 13th Street, Mays Landing NJ 08330
 You may return the completed form to
htpd.records@hamiltonatnj.gov
 or mail to the above address

PART I. OWNER INFORMATION

First Name Last Name Business Name
 Address
 email
 City State ZipCode Phone Number

PART II. CONTACT INFORMATION (You must provide two (2) contacts)

1. Name Phone Number Cell Number
 2. Name Phone Number Cell Number
 3. Name Phone Number Cell Number

PART III. ALARM INSTALLER

Company Name License Number
 Address Phone Number
 City State ZipCode

PART VI. MONITORING COMPANY

Company Name Phone Number
 Address
 City State ZipCode

NOTE: Monitoring Company Must provide a toll free number.

PART V. BUSINESS INFORMATION

Business Hours Mon Tue Wed Thur Fri Sat Sun
 Manager Name Phone Number Business has a security guard

PART VI. SYSTEM INFORMATION

Alarm Type: Burglary Fire Panic Hold Up Medical Alert
 Signal Type: Audible Silent Both Audible Only, No monitoring Co.

PART VI. CONFIRMATION By checking this box, I agree to the following statement. REQUIRED WHEN FILING ONLINE!

I agree to hold harmless the Township of Hamilton Police Department from any liability resulting from the use of automatic protection devices. I further understand that I am solely liable for each and every alarm originating from the above premises and have secured all required permits and completed all relevant applications that pertain to the above automatic protection device.

I further agree to supply my alarm monitoring company with my alarm number (when received) and advise them to give the alarm number FIRST then the location when reporting an alarm to the police department.