

Old Bridge Police Department

Alarm Application / Registration

Type of Alarm Hookup

- Central Office
- Local Onsite
- Dialer
- Direct Connection



Type of Alarm

Burglar _____

Fire _____

Other _____

Specify _____

Applicants Name _____ Address _____ Telephone No. _____

Business Name _____ Address _____ Telephone No. _____

Alarm Company _____ Address _____ Telephone No. _____

Type Of Equipment _____ Manufacturer _____ Model _____

List individuals to be contacted in case of emergency:

#1 Name _____ Phone No. _____

#2 Name _____ Phone No. _____

#3 Name _____ Phone No. _____

Date Alarm Installed _____ Signature Of Owner _____

Date _____ Corporation Represented _____

It is hereby understood and agreed that the Permittee shall release the Township of Old Bridge its officers, agents and employees from any and all liability or damages directly or indirectly related to the installation, operation or maintenance of any alarm equipment located at the permittee's premises.

DO NOT WRITE BELOW THIS LINE

APPROVED

CONNECTED TO TERMINAL NO. _____

Disapproved

PAIR NO. _____

FEE PAID

B. A. NO. _____

DATE CONNECTED _____

DATE DISCONNECTED _____

COMMENTS: _____
