

**Bernardsville Police Department, 166 Minebrook Road, P.O. Box 158  
Bernardsville, N.J. 07924**

**Alarm Registration Form**

Resident Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Premise Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
Resident/Business Fax Number: \_\_\_\_\_

Building Owner Name: \_\_\_\_\_  
Building Owner Address: \_\_\_\_\_  
Building Owner Phone Number: \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_  
Alarm Company Phone Number: (Business Office) \_\_\_\_\_  
Alarm Company Dispatch Center or Central Station Number: \_\_\_\_\_

Type Of Alarm: ( ) Burglar ( ) Fire ( ) Panic/Hold Up ( ) Medical ( ) Other \_\_\_\_\_

**Emergency Contacts: (list key holders first, include work or cell numbers)**

1. Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_  
Address: \_\_\_\_\_
3. Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_  
Address: \_\_\_\_\_
4. Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_  
Address: \_\_\_\_\_

**Special Instructions or other Information:**

Date Of Registration: \_\_\_\_\_

***Police Use Only***

***Registration Number Assigned:*** \_\_\_\_\_ ***Date Entered In Computer:*** \_\_\_\_\_ ***By:*** \_\_\_\_\_