

ALARM REGISTRATION

MORRIS TOWNSHIP POLICE DEPARTMENT

TYPE OF ALARM(S): BURGLAR FIRE MEDICAL HOLD-UP OTHER (DESCRIBE)_____

Name of Applicant: _____ Home Phone: () _____
Last Name First Name Middle Initial Area Code

ALARM Address: _____ Cell Phone: () _____
House# Apt.# Suite# Street Address

BILLING Address: _____ Work Phone: () _____
Street City State Zip Code

EMERGENCY CONTACTS (List in order of priority)

PLEASE CIRCLE THE APPROPRIATE RESPONSE IF CONTACT HAS A KEY

1. NAME: _____ 2. NAME: _____ 3. NAME: _____

Address: _____ Address: _____ Address: _____

City: _____ City: _____ City: _____
KEY HOLDER? YES OR NO **KEY HOLDER? YES OR NO** **KEY HOLDER? YES OR NO**

PHONE: Home: () _____ PHONE: Home: () _____ PHONE: Home: () _____

Cell: () _____ Cell: () _____ Cell: () _____

Work: () _____ Work: () _____ Work: () _____

Type of Alarm System: Local System (No Transmission) Central System (Alarm Company Monitors)

Registration Fee: \$35.00 Checks made payable to – TOWNSHIP OF MORRIS

Type of Establishment: Private Residence Commercial / Industrial Other: _____

The applicant agrees to abide by the provisions which are outlined within Local Ordinance 24, entitled "Alarm Systems," which specifies the regulation and maintenance of an alarm system. It further provides for the standards, procedures, penalties and fees for the Alarm System.

FALSE ALARMS: The following penalty shall be imposed; for the first and second false alarms in any calendar year, a warning shall be issued; for the third and ALL subsequent false alarms, a fine of fifty dollars (\$50.00) shall be paid to the Township of Morris within thirty (30) days upon receipt of the billing notification of a false alarm. (BURGLAR, FIRE, MEDICAL ETC.)

The applicant further agrees to indemnify and hold harmless the Township of Morris from and against all claims, suits, damages, costs, losses and expenses, and agrees to and does hereby release the Township of Morris from any and all liability or damages in any way resulting from or arising out of agents, servants, employees, the owner and his/her/its alarm contractor, or the alarm panel licensee.

SIGNATURE: _____

DATE: _____