

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*_____
*Driver's License # Email Address***ALARM** Address: _____ Work Phone _____
*Street: Apt # - Suite #***BILLING** Address: _____
*Street City State Zip Code***EMERGENCY PHONE LISTINGS (List in order of priority) CHECK THE BOX BELOW IF THE CONTACT HAS A KEY**1. Name: _____ Address: _____ PHONE: _____
KEY HOLDER? 2. Name: _____ Address: _____ PHONE: _____
KEY HOLDER? **NAME AND ADDRESS OF COMPANY RESPONSIBLE FOR ALARM SYSTEM:**_____
Company Address City State Zip Code Phone: _____Type of alarm system: Local System (No Transmission) Central System (Alarm Company monitors)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, HOLD-UP 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: _____

ONE TIME REGISTRATION FEE: \$ 35.00 Checks made payable to - TOWNSHIP OF MORRIS