

Township of Holmdel, New Jersey ALARM PERMIT APPLICATION

Please type or print in ink. Incomplete or unsigned applications must be returned.

1. Premise:

a. If Resident: First Name _____ Last Name _____

Telephone #: Cell _____ Work _____

Email (Approved Application will be returned): _____

b. Additional Resident (optional): First Name _____ Last Name _____

Telephone #: Cell _____ Work _____

c. If Business: Company Name _____

Physical Address: _____ Home Phone #: _____

2. Mailing Address: _____

3. Type of Premises: House Town House/Condo Apartment Business/Other _____
(describe)

4. Alarm company information:

Company Name	Contact	Phone:
		Phone:
Address	City, State	Zip Code
Monitoring Company		Phone

5. Name, address, and telephone number of persons having access to reset alarm or to be contacted in event of emergency when you cannot be reached. Emergency contacts need to be local.

Name	Address	City/Zip	Phone #

6. Does system have an outdoor audible signal? No Yes How long does alarm sound? ____minutes.

7. Location of shut-off/reset switch: _____

8. Alarm is (or will be) connected to: (check one):

A. Monitoring Company

Monitoring Company response code/password if you have one*: _____
(optional)

*NOTE: We DO NOT want the code number that operates your alarm system.

B. A local alarm. (sounds at your residence or business only)

In making this application I certify that:

- All information furnished herein is true in every detail.
- I have received a copy of the Holmdel Township Alarm Ordinance.
- I will operate my alarm system in such a manner as to minimize false alarms, recognizing that Police and fire units responding to false alarms are unavailable for genuine emergencies.
- I have read the Alarm Ordinance and understand the penalty provisions for excessive false alarms and continuously sounding outside signals.
- I agree to save harmless the Township of Holmdel, its agencies, departments, officials and employees from any liability or damages arising out of operation or miss-operation of my alarm system.

Date of Application

Signature of Applicant (in ink)

PRINT name of Applicant

If corporation, title of corporate officer signing this application.

- You will receive a permit and permit number for use by members of your household to clear false alarm calls once your application is received and approved.

Return Application To: **Holmdel Police Department**
4 Crawford's Corner Road
Holmdel, NJ 07733

Do not write in this box

Residential \$20	Initial <input type="checkbox"/>	Renewal <input type="checkbox"/>	Amount Paid: _____	Permit # _____
			<input type="checkbox"/> Cash	
Commercial \$50	Initial <input type="checkbox"/>	Renewal <input type="checkbox"/>	<input type="checkbox"/> Check	Issued: _____
				Expires: _____