



PHILLIPSBURG POLICE DEPARTMENT

712 SOUTH MAIN STREET
PHILLIPSBURG, NEW JERSEY 08865
Phone: 908-835-2002
Fax: 908-454-2708

TOWN OF PHILLIPSBURG, BOROUGH OF ALPHA COUNTY OF WARREN ALARM REGISTRATION FORM

RETURN TO: *PHILLIPSBURG POLICE DEPARTMENT*
712 SOUTH MAIN STREET
PHILLIPSBURG, NEW JERSEY
ATTN: ANGELA HOADLEY

REGISTRATION FEE \$10.00
ALARM REGISTERED
JANUARY TO JANUARY

NAME/BUSINESS NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ WORK NUMBER _____

TYPE OF ALARM TO BE REGISTERED:
(CHECK ALL THAT APPLY)

- BURGLAR ALARM
 FIRE ALARM
 MEDICAL/ALERT ALARM
 OTHER (EXPLAIN) _____

ALARM SYSTEM WILL BE:
(CHECK ALL THAT APPLY)

- CALLED IN VIA ALARM COMPANY
 EXTERNAL ALARM

NAMES OF THREE (3) PEOPLE WHO CAN BE CONTACTED IF YOU ARE UNAVAILABLE TO RESPOND
WITHIN A 15 MINUTE ESTIMATED TIME OF ARRIVAL IN ORDER TO SECURE THE PREMISES AND
RESET OR DEACTIVATE THE SYSTEM.

FIRST _____ PHONE _____ CELL _____

SECOND _____ PHONE _____ CELL _____

THIRD _____ PHONE _____ CELL _____

THE UNDERSIGNED USER OF THE ALARM SYSTEM BY SIGNING HIS/HER SIGNATURE BELOW
AGREES TO NOTIFY THE PHILLIPSBURG POLICE DEPARTMENT IF THERE ARE ANY CHANGES IN
INFORMATION CONTAINED ON THIS REGISTRATION FORM. NO CHARGE WILL BE ASSESSED FOR
AMENDING INFORMATION CONTAINED ON THIS FORM. FAILURE TO FILE THIS FORM OR
CHANGE INFORMATION MAY RESULT IN FINE.

NAME

DATE