

**BOROUGH OF ESSEX FELLS, NJ
DEPARTMENT OF POLICE**

**** 2019 Resident Index and Alarm Registration Form

Business Name or Home Owner (Include All Names)	Home Phone
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Address of Premises (Include Suite or Apt. Number, if applicable)	Cell Phone
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If Business, Name and Address of Owner(s)	Work Phone
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Please list below at least three persons, in order of priority, who have keys and a knowledge of the premises and alarm system. These people will be notified in order, in the event of an emergency.

Name & Relationship(1)	Home Phone
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Full Address	Cell/Work Phone
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Name & Relationship(2)	Home Phone
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Full Address	Cell/Work Phone
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Name & Relationship(3)	Home Phone
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Full Address	Cell/Work Phone
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IF PREMISE IS ALARMED, PLEASE COMPLETE THE FOLLOWING SECTION OF THIS FORM:

Type of Alarm(s): Check all that apply

Burglar Fire Panic Hold Up Medical Other _____

Method of Transmission: Check all that apply

Central Station Automatic Dialer Direct Line Interior Audible Exterior Audible Silent Alarm

Name of Alarm Company	Phone
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Full Address

Does this alarm reset automatically?	If it does, after how many minutes?
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<input type="checkbox"/> YES <input type="checkbox"/> NO	ALARM RESETS AFTER _____ MINUTES
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IS THIS ALARM UNIT PROGRAMMED TO COMPLY WITH THE BOROUGH ORDINANCE GOVERNING ALARM SYSTEMS? () YES () NO

Printed Name of Registrant	Registrant's Signature	Date
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Additional Information:

Do you have surveillance cameras? () Yes () No	Is video stored for greater than 24hrs? () Yes () No
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A \$25.00 REGISTRATION FEE APPLIES ONLY IF YOU HAVE AN ALARM SYSTEM

PLEASE INCLUDE YOUR CHECK MADE OUT TO THE BOROUGH OF ESSEX FELLS

**THIS APPLICATION EXPIRES ON DECEMBER 31, 2019
TO BE COMPLETED BY THE POLICE DEPARTMENT**

Approved _____ Date _____ Code # _____