

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

****** 2021 Resident Index and Alarm Registration Form ******

Business Name or Home Owner (Include All Names)		Home Phone
Address of Premises (Include Suite or Apt. Number, if applicable)		Cell Phone
If Business, Name and Address of Owner(s)		Work Phone
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
Full Address		Cell/Work Phone
Name & Relationship(2)		Home Phone
Full Address		Cell/Work Phone
Name & Relationship(3)		Home Phone
Full Address		Cell/Work Phone
IF PREMISE IS ALARMED, PLEASE COMPLETE THE FOLLOWING SECTION OF THIS FORM:		
Type of Alarm(s): Check all that apply		
<input type="checkbox"/> Burglar <input type="checkbox"/> Fire <input type="checkbox"/> Panic <input type="checkbox"/> Hold Up <input type="checkbox"/> Medical <input type="checkbox"/> Other _____		
Method of Transmission: Check all that apply		
<input type="checkbox"/> Central Station <input type="checkbox"/> Automatic Dialer <input type="checkbox"/> Direct Line <input type="checkbox"/> Interior Audible <input type="checkbox"/> Exterior Audible <input type="checkbox"/> Silent Alarm		
Name of Alarm Company		Phone
Full Address		
Does this alarm reset automatically?		If it does, after how many minutes?
<input type="checkbox"/> YES <input type="checkbox"/> NO		Alarm Resets after _____ Minutes
IS THIS ALARM UNIT PROGRAMMED TO COMPLY WITH THE BOROUGH ORDINANCE GOVERNING ALARM SYSTEMS? () YES () NO		
Printed Name of Registrant		Registrant's Signature
		Date
Additional Information:		
Do you have surveillance cameras? () Yes () No		Is video stored for greater than 24hrs? () Yes () No
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, 2021 TO BE COMPLETED BY THE POLICE DEPARTMENT		
Approved _____ Date _____ Code # _____		