



# Piscataway Township Police Department

555 Sidney Road  
Piscataway, New Jersey 08854

Telephone  
(732) 562-2300

Facsimile  
(732) 529-2510

## RESIDENTIAL ALARM REGISTRATION

| <b>RESIDENT INFORMATION</b>   |                               |  |  |      |
|---|-------------------------------|--|--|------|
| <b>Please fill out the below information:</b>   |                               |  |  |      |
| Name  |                               | <input type="checkbox"/> New Alarm<br><input type="checkbox"/> Change / Update |  | Date |
| Street Address  |                               |  | Home Phone No.   |      |
| Cell No. (if applicable)  | Alternate No. (if applicable) |  | E-mail (if applicable)   |      |
| <b>PROPERTY OWNER INFORMATION (if residence is rented)</b>  |                               |  |  |      |
| Name of Owner   |                               | Home Street Address  |  |      |
| Home Phone No.  | Alternate No. (if applicable) | Cell No. (if applicable)   | Email (if applicable)  |      |
| <b>EMERGENCY CONTACT</b>  |                               |  |  |      |
| <b>Please list below persons possessing keys in case of an emergency. Please list in the order you want the emergency contact to be made.</b>                                     |                               |  |  |      |
| Name of Key holder 1  |                               | Home Street Address  |  |      |
| Home Phone No.  | Alternate No. (if applicable) | Cell No. (if applicable)   |  |      |
|   |                               |  |  |      |
| Name of Key holder 2  |                               | Home Street Address  |  |      |
| Home Phone No.  | Alternate No. (if applicable) | Cell No. (if applicable)   |  |      |
|   |                               |  |  |      |
| Name of Key holder 3  |                               | Home Street Address  |  |      |
| Home Phone No.  | Alternate No. (if applicable) | Cell No. (if applicable)   |  |      |
| <b>ALARM COMPANY INFORMATION</b>  |                               |  |  |      |
| Alarm Company Name  |                               |  | Phone No.  |      |
| <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Panic Alarm <input type="checkbox"/> Medical<br><b>*Check all that apply*</b> |                               |  | <b>Exterior Siren?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO |      |
|   |                               |  | <b>Reset Time</b><br>minutes   |      |
| Central Station Name (if applicable)  |                               |  | Phone No.  |      |
| Other Information   |                               |  | <i>POLICE USE ONLY</i>   |      |

**UPON COMPLETION, PLEASE REMIT TO THE PISCATAWAY TOWNSHIP POLICE DEPARTMENT AT THE ABOVE ADDRESS AND/OR FAX NUMBER. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT CENTRAL RECORDS AT (732) 562-2379**