



Alarm Registration Form

Hamburg Police Department
9 Orchard Street
Hamburg, NJ 07419
973-827-6211



- Initial Registration
- Revised Registration

(Check Appropriate Box) **Business** **Residence** \$25.00 Initial Registration Fee / Revised Registration Fee
Date Paid: _____ Check #: _____

Name of Business or Resident:	
Address:	
Telephone Number:	Cell Phone Number:
Name of Owner:	
Owner's Telephone Number:	Owner's Cell Phone Number:

List 2 Emergency Contacts:

Name:	
Address:	
Telephone Number:	Cell Phone Number:

Name:	
Address:	
Telephone Number:	Cell Phone Number:

Alarm Information:

Name & Address of Alarm Company:	Telephone Number:
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- (Check All that Apply)
- Alarm Warning:** **Alarm Type:**
- Silent
 - Burglar
 - Fire
 - Panic
 - Medical
 - Audible
 - Other: _____

I, _____, acknowledge that I have received a copy of the
(Print Name)
Borough of Hamburg Alarm Ordinance and understand same.

(Signature) Date: _____