



**Princeton Police Department**  
1 Valley Road, Princeton, NJ 08540  
609-921-2100 / FAX: 609-924-8197

Date Pd:	Amount:
(Office Use Only)	

### ALARM REGISTRATION

Indicate the type of alarm you are registering:

Check here if Disconnected: \_\_\_\_\_

(No longer in service/Not Audible)

Residential \_\_\_\_\_ Business \_\_\_\_\_ School \_\_\_\_\_ Office Building \_\_\_\_\_

Burglar \_\_\_\_\_ Fire \_\_\_\_\_ Burglar/Fire \_\_\_\_\_ Panic \_\_\_\_\_ Hold-Up \_\_\_\_\_

#### ALARM COMPANY

#### MONITORING COMPANY (if applicable)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

#### RESIDENCE – Homeowner(s)

Check here if Tenant: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Correspondence Address (if different from above):  
\_\_\_\_\_

#### BUSINESS

Business Name: \_\_\_\_\_

Proprietor: \_\_\_\_\_ Email: \_\_\_\_\_

Address (Include Suite/FI): \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Correspondence Address (if different from above):  
\_\_\_\_\_

#### EMERGENCY CONTACTS:

Check here \_\_\_ if you would prefer to be contacted prior to your emergency contacts below. **The individuals chosen should either have working knowledge of how your alarm system operates or know where to reach you in the event of an emergency. It is strongly recommended that you have a contact that lives locally.**

1. Name: \_\_\_\_\_ Keyholder: Yes \_\_\_\_\_ No \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Keyholder: Yes \_\_\_\_\_ No \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_