

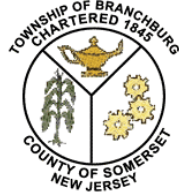
TOWNSHIP OF BRANCHBURG BUREAU OF FIRE SAFETY

1077 ROUTE 202 NORTH, BRANCHBURG, NJ 08876

Phone: (908) 526-1300 ext. 158

Fax: (908) 526-2452

www.branchburg.nj.us



ALARM REGISTRATION

MAIL TO: Branchburg Township
Bureau of Fire Prevention
1077 Route 202 North
Branchburg, New Jersey 08876

Make checks payable to: Branchburg Township Bureau of Fire Prevention

Registration fee: each system registered shall be \$10.00. *Please use a separate form for each alarm system.*

I.

APPLICANT NAME: _____

ADDRESS: _____

_____ PHONE #: _____

II.

THIS SECTION IF APPLICANT IS A COMMERCIAL OR BUSINESS.

Common name of alarm premises: _____

Alarm premise actual street location: _____

_____ Alarm premise phone #: _____

Type of Business: _____

Normal hours of business: _____

Building owner's name: _____

Building owner's address: _____

Building owner's phone # _____

III.
THIS SECTION FOR ALL APPLICANTS TO FILL OUT.

ALARM TYPES: (CHECK ALL THAT APPLY)

AUTOMATIC HOLD-UP MANUAL HOLD-UP BURGLAR

FIRE OUTSIDE AUDIBLE SILENT

OTHER: _____

IS ALARM CO. RESPONDING TO THE ALARM SITE? YES NO

DOES ALARM AUTOMATICALLY RESET? YES NO

TIME ALARM RESETS: _____ MINUTES (Twp. Ordinance allows for 15 minutes MAXIMUM)

Additional alarm description, activation points, etc.: _____

ALARM INSTALLERS NAME: _____

ADDRESS: _____

_____ PHONE #: _____

IV.
THIS SECTION FOR ALL APPLICANTS TO FILL OUT.

MONITORING STATION – PERSON OR BUSINESS THAT MONITORS AND/OR RESPONDS TO THE ACTIVATION OF ALARM SYSTEM (ie: central station name)

MONITORING CO. NAME: _____

ADDRESS: _____

_____ PHONE #: _____

V.
THIS SECTION FOR ALL APPLICANTS TO FILL OUT.

MAINTENANCE: PERSON OR BUSINESS WHO WILL MAINTAIN ALARM SYSTEM.

MAINTENANCE CO. NAME: _____

ADDRESS: _____

_____ PHONE #: _____

VI.

CONTACTS: PLEASE LIST NAMES OF PERSONS THAT POLICE OR FIRE OFFICIALS CAN CONTACT. THESE PERSONS SHOULD HAVE KEYS TO BUILDING AND CODES TO THE ALARM SYSTEM. INCLUDE NAMES, ADDRESS, HOME PHONE #, AND/OR CELL PHONE #.

1ST CONTACT: _____ PHONE #: _____

ADDRESS: _____ CELL PHONE#: _____

2ND CONTACT: _____ PHONE #: _____

ADDRESS: _____ CELL PHONE#: _____

3RD CONTACT: _____ PHONE #: _____

ADDRESS: _____ CELL PHONE#: _____

4TH CONTACT: _____ PHONE #: _____

ADDRESS: _____ CELL PHONE#: _____

**VII.
ADDITIONAL INFORMATION**

ALL SECTIONS MUST BE COMPLETED OTHERWISE THE APPLICATION WILL NOT BE ACCEPTED AND THE ALARM SYSTEM WILL NOT BE CONSIDERED REGISTERED.

THE OWNER OF THE BUILDING/ALARM SYSTEM SHALL FILE A REVISED, AMENDED, OR SUPPLEMENTAL APPLICATION (AT NO ADDITIONAL CHARGE) CONTAINING CURRENT AND ACCURATE INFORMATION WITHIN TEN (10) DAYS OF THE CHANGE TO THE BUREAU OF FIRE PREVENTION.

FALSE FIRE/BURGLAR ALARMS & FAILURE TO REGISTER ALARMS WILL RESULT IN PROSECUTION AND ARE ANSWERABLE IN MUNICIPAL COURT.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

PRINT OR TYPE NAME: _____

[] HOME OWNER [] LEASEE [] TITLE: _____