MAYWOOD POLICE DEPARTMENT APPLICATION FOR REGISTRATION OF ALARM SYSTEM ***RESIDENTIAL***

TYPE:	BURGLARY	[] CC				
	HOLD UP FIRE	[] []				
	OTHER – SPECIFY	[]				
<u> </u>						
Name of Homeo	wner/Renter			Telephone Number		
Date of Residence	у	Homeowner?		Renter?		
Address of Alarn	ned Premise					
Name of Applica	nt			Telephone Number		
Company Monito	oring Alarm System			24 HR. Telephone Number		
Does home have a cleaning service? If, yes, who? Cameras? – if						
List the name, address, telephone number and email address of THREE persons, other than the owner(s), to be contacted in the event of an alarm. Persons listed should have a key and should be able to cancel or reset the activated alarm when necessary. BE ADVISED THAT ORDINANCE # 106-4 REQUIRES THREE PERSONS, ADDRESS AND TELEPHONE NUMBER TO BE LISTED. Three (3) additional emergency contacts can be provided if so desired (print on back).						
*****PLEASE PRINT CLEARLY****						
Name		lete Address		Home #/Cell#		
(1)						
(2)						
(3)						
1						
Signature of A	applicant	Date				
	CE USE ONLY: pdated by:					

SERVICE FEE SCHEDULE

ORDINANCE # 106-5 provides for the registration of ALL alarms within the Borough of Maywood. Service fees are provided for false alarms in excess of three (3) in a calendar year or for the failure to register an alarm system. Disconnection and/or summons are remedies that could result from violations. Be advised that you must call your alarm company to cancel any alarm. Audible alarms must reset within twenty (20) minutes. Automatic Telephonic Alarm Dialers and Digital Transmitter Alarms must only be received by an Alarm Station or a Monitor, NOT BY THE MAYWOOD POLICE DEPARTMENT.

FOURTH FALSE ALARM IN A CALENDAR YEAR	\$ 20.00
FIFTH FALSE ALARM IN A CALENDAR YEAR	\$30.00
SIXTH TROUGH NINTH FALSE ALARM (EACH) IN A CALENDAR YEAR	\$100.00
TENTH THROUGH FOURTEENTH FALSE ALARM (EACH) IN A CALENDAR YEAR	\$250.00
FIFTEENTH THROUGH NINETEENTH FALSE ALARM (EACH) IN A CALENDAR YEAR	\$500.00
TWENTIETH AND SUBSEQUENT FALSE ALARM (EACH) IN A CALENDAR YEAR	\$1,000.00

PLEASE FAX APPLICATION TO:

201-845-0304

OR MAIL/DROP OFF TO:

Maywood Police Department 15 Park Avenue Maywood, NJ 07607 RE: ALARM Coordinator