

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

TYPE:	BURGLARY	[ ]	CO 2	[ ]
	HOLD UP	[ ]		
	FIRE	[ ]		
	OTHER – SPECIFY	[ ]		

Name of Homeowner	Telephone Number
Address of Alarmed Premise	
Name of Applicant	Telephone Number
Company Monitoring Alarm System	24 HR. Telephone Number
Does home have a cleaning service? If, yes, who?	Cameras? – if yes, location?

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	Address	Telephone #/Cell#	Email address
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

\_\_\_\_\_  
Signature of Applicant

**PLEASE FAX APPLICATION TO**  
201-845-0304  
**OR MAIL TO:**  
Maywood Police Department  
15 Park Avenue  
Maywood, NJ 07607  
RE: ALARM REG/UPDATE

**FOR OFFICE USE ONLY:**  
CAD/File updated by: \_\_\_\_\_  
Date: \_\_\_\_\_