

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

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

\_\_\_\_\_  
 Name of Business Telephone Number

\_\_\_\_\_  
 Address of Alarmed Premise

\_\_\_\_\_  
 Name of Applicant Telephone Number

\_\_\_\_\_  
 Company Monitoring Alarm System 24 HR. Telephone Number

\_\_\_\_\_  
 Does business have a cleaning company? 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 to the business 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
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(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

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

\_\_\_\_\_  
 Firm Represented

**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: \_\_\_\_\_