

APPLICATION TO OPERATE AN INDIVIDUAL ALARM SYSTEM

Incident Number (for office use only) _____

1. Name _____

Responsible Individual (for business only) _____

2. Address _____

3. Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

4. Type alarm system(s):

Burglar
Fire

Panic
Hold Up

Medical Aid
Other _____

5. Monitoring Service - (Company who monitors your system) _____

Phone Number _____

6. Name and phone number (24 hours) of person(s) authorized to open the premises where device is installed. This individual should be within a reasonable distance (20 minutes).

Name

Phone Number

a. _____

b. _____

c. _____

Signature

Date

***Please enclose a \$10.00 check made payable to "Manalapan Township" along with this completed application.

