



GREEN BROOK POLICE DEPARTMENT ALARM DEVICE REGISTRATION

Central Station Alarm Device Permit

Name of Permittee _____ Phone # _____

Address _____, Green Brook, NJ 08812

Three Emergency Contacts: (persons to be notified in the event of an alarm activation)

(1) _____ Phone # _____

(2) _____ Phone # _____

(3) _____ Phone # _____

**Alarm Installer /
Maintenance Service:** _____ Phone # _____

Central Station monitoring service: _____ Phone # _____

Types of Activations:

Intrusion: Window Tape Door Switches Motion Sound Other _____

Holdup/Panic: (describe) _____

Fire: Smoke Heat Pull-box Water flow Other _____

Medical: (describe) _____

Does the alarm reset automatically? Yes No

Notice: *Green Brook Township Local Ordinance 97-629 section 4-7.7 paragraph d requires that all alarms automatically silence within fifteen (15) minutes of activation .*

POLICE USE ONLY

Date Inspected: _____ By: _____

Comments/Information: _____