

CLARK POLICE DEPARTMENT  
315 Westfield Avenue Clark, NJ 07066  
732-388-3434 Fax - 732-388-5376

PEDRO MATOS  
CHIEF OF POLICE

ALARM REGISTRATION FORM

Name: \_\_\_\_\_ Alarm # \_\_\_\_\_  
(Office Use Only)

Address: \_\_\_\_\_ Alarm Fee: \_\_\_\_\_  
(Office Use Only)

Alarm Address: (if different from above) \_\_\_\_\_

Home Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Alarm Information: (Check applicable boxes)

Burglar Alarm: \_\_\_\_\_ Fire Alarm: \_\_\_\_\_ Burglar/Fire Alarm: \_\_\_\_\_ Other: \_\_\_\_\_  
(Describe)

Outside Audible: \_\_\_\_\_ Zones: \_\_\_\_\_ (If yes, identify on back of this page)

Alarm Company:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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In case of emergency, please list, in order of priority, the person/s to contact who will have a key and the authority to reset the alarm.

#1 Name \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#2 Name \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#3 Name \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#4 Name \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In accordance with the Township of Clark Ordinance § 70-5, every owner of a registered alarm system shall indemnify and hold harmless the Township of Clark for all matters pertaining to installation, operation and maintenance.

Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_