

**Toms River Police Department
255 Oak Avenue
P.O. Box 876
Toms River NJ 08754**

REQUIRED INFORMATION FOR EACH ALARM
INSTALLATION/MAINTENANCE
PER ALARM ORDINANCE CHAPTER 85B

ID # _____ *

ANNUAL REGISTRATION FEE: () Residential \$5.00 () Commercial \$25.00
NEW (____) RENEWAL (____) INFORMATION CHANGE (____)

SUBSCRIBER NAME _____

ADDRESS _____

CITY _____ **NJ** **ZIP** _____

TELEPHONE # (location of alarm) (732) _____ - _____

BILLING ADDRESS: () same as above

Name _____

Address _____

ZIP _____

Phone # (____) _____ - _____

<u>EMERGENCY NAMES (in order of call)</u>	<u>PHONE NUMBER</u>
_____	(____) _____ - _____
_____	(____) _____ - _____
_____	(____) _____ - _____

TYPE OF PREMISE: RESIDENCE ()
OTHER (specify) _____

TYPE OF ALARM:
BURGLARY () FIRE () MEDICAL () HOLDUP ()
OUTSIDE AUDIBLE () CENTRAL STATION ()

ALARM CO. NAME/ADDRESS: _____

_____ **PHONE** (____) _____ - _____

*** NOTE:**

Subscriber – When an alarm identification number is assigned you will receive a copy of this form for your information.

Alarm Company – When an alarm identification number is assigned you will receive a copy of this form and **YOU ARE TO ADVISE THE CENTRAL STATION** of this identification number which is **REQUIRED** when an alarm is called into our dispatcher.