

**TOWNSHIP OF LAWRENCE  
FIRE MARSHAL'S OFFICE  
2207 LAWRENCEVILLE ROAD  
LAWRENCEVILLE, NEW JERSEY 08648  
PHONE 609-844-7018**

**ALARM SYSTEM REGISTRATION PERMIT**

<b>CONTROL #</b> _____	<b>DATE:</b> _____	<b>PERMIT FEE: \$30.00</b> cash _____ check # _____ Update: No Charge _____ Rec'd by: _____
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**PLEASE COMPLETE ALL SECTIONS BELOW:**

**BUSINESS      RESIDENCE**

Name (if business, enter business name) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Business Owner \_\_\_\_\_ Business Contact Person \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**\*Resident or Person Responsible to Remit Penalty Fee:**

Name \_\_\_\_\_ Signature \_\_\_\_\_

**LOCATION TYPE:** (check one)    Assembly    Bank    Commercial    Government Building    Residence    School

**TYPE OF ALARM SYSTEM:**    Burglar (B)    Medical (M)    Temperature (T )    Holdup (H)  
(check all that apply)    Fire (F)    High Water (O)    Panic (P)    Fire Waterflow/Sprinkler (W)

**Location of Annunciator Panel /Key Pad** \_\_\_\_\_

Alarm Service Company \_\_\_\_\_ Phone \_\_\_\_\_

Monitoring Company (if different) \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY CONTACT PERSONS:**

**KEYHOLDER**  
Yes    No

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_

**FIRE/THEFT INSURANCE CARRIER** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Policy No. \_\_\_\_\_

**MISCELLANEOUS:**    Hazardous Materials Stored:    Yes    No    Firearms on Premises:    Yes    No  
Guard Dog on Duty:    Yes    No    Dog(s) on Premises:    Yes    No

**ALL INFORMATION CONTAINED ON APPLICATION IS CONFIDENTIAL**

**PLEASE MAKE SURE THAT APPLICATION IS SIGNED AND FEE OF \$30.00 IS ENCLOSED WITH APPLICATION.**