



**ALARM REGISTRATION FORM**  
 East Orange Fire Department  
 468 Main Street  
 East Orange, New Jersey 07018  
 Phone (973) 266-5507 Fax (973) 676-3782

Official Use Only	
_____	
Permit Number	
Date: _____	Fee \$ _____

Registration of your alarm system is required for compliance to City of East Orange Ordinance 20 of 2010. Registration is required for all business and residential alarms. Complete and return this form to receive your alarm registration decal. Certificate must be displayed on the alarmed property in a location clearly visible to responding agency personnel. Registrations are effective for 12 months. Please complete the Alarm Registration application by printing neatly or typing. This application must be filled in completely. **INCOMPLETE AND ILLEGIBLE FORMS ARE INVALID AND WILL BE RETURNED.** In cases where more than one system is installed at the property, each system must be registered individually.

<b>Alarm System Location - User Information</b>	
Business Name (if applicable): _____	
First Name: _____	Last Name: _____
Address: _____	City: _____ Zip Code: _____
Apartment or Suite Number: _____	Other Site Information: _____
Phone Number: _____	Alternate Number: _____
<b>Billing Information (if different from above)</b>	
First Name: _____	Last Name: _____
Address: _____	City: _____ Zip Code: _____
Phone Number: _____	Alternate Number: _____

Type of Alarm / Property: <input type="radio"/> Class A Residential (1-5 units) \$50.00 <input type="radio"/> Class B Residential (6+ units) \$150.00 <input type="radio"/> Commercial \$150.00 <input type="radio"/> Local Alarm / Not Monitored: (No fee)	<i>Please list all special conditions on property, (i.e., residents with special needs, animals, etc.)</i> _____ _____
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<b>Alarm Company</b> Company Name: _____ Address: _____ City: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____	<input type="checkbox"/> Unknown or Self-Installed Alarm
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<b>Emergency Contact Information:</b>		
Name	Phone	Alt. Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

<b>Type of Monitoring:</b>
<input type="radio"/> Fire / Smoke
<input type="radio"/> Burglar
<input type="radio"/> Panic
<input type="radio"/> Hold-Up
<input type="radio"/> Medical (No Fee)
<input type="radio"/> Other: _____

