



Administration
 (732) 462-1233
 FAX (732) 577-8308

Freehold Borough Police Department

36 Jackson Street
 Freehold, New Jersey 07728



Glenn A. Roberts
 Chief of Police

BOROUGH OF FREEHOLD REGISTRATION FOR ALARM SYSTEM

Date: _____ Permit # _____ Type of Alarm: Burglar Fire Other

Applicant's Name _____ Telephone # _____

Applicants Address _____ Location of Alarm _____ If different

Alarm Monitored by _____ Phone # _____

Alarm Company Address _____

Name / Address of Person Responsible for Maintenance _____

Contact Number of Person Responsible for Maintenance _____

In case of an emergency, please list in order of priority, persons to be contacted and are authorized to gain entry into the protected premises.

1. Contact Name/Address/Phone # _____

2. Contact Name/Address/Phone # _____

3. Contact Name/Address/Phone # _____

By signing this registration document, I agree to abide by all terms and conditions set forth in the Alarm System Ordinance as described in Title 8 Chapter 8.04 of the Freehold Borough revised General Ordinances.

Failure to submit a completed application will result in the denial of a permit.

Applicant Name _____ Applicant Signature _____

Date: _____

Amount/Fee Paid _____

Approved Denied

Authorized by _____

**** Return to Officer Hernandez @ hernandezs@freeholdpolice.org**