

Township of Toms River

P.O. Box 142976, Irving, TX 75014, Phone: 1-866-950-8189

Please type or print in BLOCK CAPITAL LETTERS clearly inside the box.

ALARM PERMIT APPLICATION

(Please print)

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Type of Alarm:	므	Res	iden	tial		Busi	ness	L	Go	vt. E	Entity	/								L	Вι	ırgla	ıry L	<u> </u> R	obbe	ery/P	anic
Name of Registration Holder:																						L	<u>L</u>	<u></u>			
Business Name:																											
Name of responsible party:																											
Alarm Location: (Include Building/Apt #) (Include Suite or Unit #)																	S.t.	ate:				Zip:		F			
City:	<u> </u>	L					L	L								\vdash	30	ale.				<u>-</u>	늗	╄	╄	느	\vdash
Billing Address: (if different)	<u>_</u>				<u> </u>																		닏	╄	⊨		Щ
City:																	Sta	ate:				Zip:	L	<u>L</u>			
Enroll to Go Paperless:		(If enro	olled, y	you op	ot for e	email r	otifica	tions	and yo	u will	no lon	ger re	ceive	notifica	ations	by US	PS. If	not e	nrolled	, you a	agree	to rec	eive ı	notifica	ations b	y USF	PS.)
Email Address: (If enrolled to Go Paperless, valid email address is mandatory.)																							L				
Home Phone:														Cell	Pho	ne:											
Office Phone:				ĪΓ		T										-							_				
EMERGENCY CONTACTS				_																							
Name:																											
Phone #1:														Pho	ne #	2:						$oxed{oxed}$					
Name:																											
Phone #1:				۱Г		T								Pho	ne #	2:						T	٦				
SPECIAL CONDITIONS In order to ensure the safety of our officers, the public and to enable the Toms River Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, hazardous substances, etc.)																											
Comment:																											
ALARM INSTALLATION DET	AILS	<u> </u>			_	_				_												_	_	_		_	_
Alarm Installation Date:			/			<u>/ L</u>								Р	hone	e #:				L		$\underline{\perp}$		<u>L</u>	<u></u>	<u>_</u>	Ш
Alarm Installation Company:																											
Address:																											
Monitoring Company: (if different)																											
Address:																											
Phone #:					T	T	$\overline{1}$																				_
PLEASE READ THE FOLLOWING AN This is to certify that as the applying pr procedures and practices to follow in the alarm system, including written guideling calls, traffic conditions, emergency con	incipa ne eve nes or	il, my ent than how	at the to av	alarn oid fa	n syst alse al	em is	accid	entall	y acti	vated	, I also	o ackr	nowle	dge th	nat the	e insta	ıllatioı uding,	n com but r	npany	left m	ne a s	et of	writte	en inst	ructio		
Signature: (Owner)	<u> </u>															_	Date	L	\perp		'L	上	/		L	<u> </u>	Щ
In accordance with the Township of Toms separately. The fee for an alarm registration						-					-				of Lom	ns Rive	er, Nev	w Jers	ey, it r	nust b	e regi	stered	ı with	tne To	wnshi	of To	ms Rive

Registration & Renewal Fees:

a) \$25.00 for Residential b) \$25.00 for Commercial Burglary/Robbery/Panic Hold Up - Registered/Unregistered/Expired **location Fine Schedule**

: \$0.00 1st to 3rd false alarm \$50.00 • 4th to 5th false alarm • 6th to 7th false alarm : \$100.00

 8th to 9th false alarm : \$250.00 • 10th false alarm and up : \$500.00 For Customer Service Call: 1-866-950-8189 Mail this form and payment to:

Township of Toms River False Alarm Reduction Program P.O. BOX 142976, IRVING, TX 75014