

**TOWNSHIP OF WANTAGE
ALARM REGISTRATION FORM
CONFIDENTIAL**

NAME: _____

ADDRESS: _____

ADDRESS OF PREMISES WHERE ALARM IS LOCATED:

Block: _____ Lot: _____

TELEPHONE: _____ FAX: _____

PERSON(S) INSTALLING OR MAINTAINING ALARM SYSTEM:

NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

PERSON(S) RESPONSIBLE FOR MONITORING AND RESPONDING TO
ACTIVATION OF ALARM DEVICE:

NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

LIST OF PERSON(S) TO CONTACT IF ALARM IS SET OFF:

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE: HOME & BUSINESS</u>
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REGISTRATION FEE OF \$10 MUST BE SUBMITTED WITH THIS APPLICATION!

Mail to: Township of Wantage, 888 Route 23, Wantage, N. J. 07461

Dated: _____

Signature of Applicant

----- Failure to register is subject to a \$50.00 fine -----

(OFFICE USE ONLY - DO NOT WRITE BELOW LINE)

Registration Fee Paid: _____

Permit #: _____

Date Received: _____

Date forwarded to State Police: _____

Registration Approved: _____

Registration Disapproved for the following reasons: