

SPARTA TOWNSHIP ALARM SYSTEM REGISTRATION

Name	Home Phone Number	Other/Cell Phone Number
Street Address		
Mailing Address		

Alarm Type (check all that apply):

<input type="checkbox"/> Audible	<input type="checkbox"/> Burglary	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
<input type="checkbox"/> Silent	<input type="checkbox"/> Fire	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Panic	_____	

- Automatic dialer to Central Station monitor
- Automatic dial to Police Department with recorded message (NOT to 9-1-1)
- Local audible only

Contact Information:

Names of person(s) to be contacted in case of emergency (to reset alarm, secure premises or other emergency)

Name	Phone Number		
Address	City	State	Zip

Name	Phone Number		
Address	City	State	Zip

Alarm Company Information:

Company Name	Company Phone Number		
Company Address	City	State	Zip

Please submit this completed application along with a check for \$25.00 to:

**Township of Sparta Police Department
65 Main Street
Sparta, NJ 07871-1903**

POLICE DEPARTMENT USE ONLY		
Date fee received: _____	Check #: _____	Received by: _____
Amount received: _____	Reg. Year: _____	Receipt Number: _____
JL 02/2015		