

**Upper Township Alarm Registration Form**  
**PO Box 205, Tuckahoe, NJ 08250**

Applicant's Name \_\_\_\_\_ Title (owner, manager, etc.) \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Address of Alarm Location: \_\_\_\_\_ Block and Lot: \_\_\_\_\_

Property Type (circle): **Business** **Residential** Alarm Type (circle): **Fire** **Burglary** **Robbery**

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Alarm Installer: \_\_\_\_\_ Phone: \_\_\_\_\_

Alarm Monitoring Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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Emergency Contact List  
(A minimum of two (2) contacts must be listed)

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Send completed form to:

Upper Township Municipal Clerk's Office  
P.O. Box 205  
Tuckahoe, NJ 08250  
(609) 628-2011 ext. 200

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Date Received: \_\_\_\_\_ Assigned Registration No. \_\_\_\_\_

Received by: \_\_\_\_\_ Fire District \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_