

RARITAN BOROUGH POLICE DEPARTMENT
Business / Residence Alarm Registration Form

Name of Business or Homeowner: _____

Street Address: _____

Telephone Number: _____

Fax Number: _____

Business Type Residence: _____

Alarm Company Name: _____

Alarm Company Phone Number: _____

Alarm Types: Hold Up Burglar Fire Silent
(Check all that apply)

Building Owner *(if different from business or residence owner)*

Name: _____

Address: _____

Phone Number(s): _____

Key holders: Please list key holders for your business or residence to be called in the event of an emergency. These numbers will not be released to the general public.

Name: _____

Phone Number(s): _____

Name: _____

Phone Number(s): _____

Name: _____

Phone Number(s): _____