

MOUNTAIN LAKES POLICE DEPARTMENT
ALARM REGISTRATION

ALARM INFORMATION EMERGENCY CONTACT BUSINESS RESIDENCE

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

NAME OF ALARM COMPANY: _____ PHONE: _____

ADDRESS: _____

DATE SYSTEM INSTALLED: _____ LICENSE: _____

SYSTEM - MANUFACTURER: _____ MODEL: _____

_____ AUTOMATIC BELL CUT-OFF TIMER: TIME SET FOR _____ MINUTES

_____ AUTOMATIC RECYCLE TIMER: TIME SET FOR _____ MINUTES

_____ SECONDARY ALARM CIRCUIT

TYPE OF PROTECTION:

_____ BURGLARY _____ PERIMETER _____ INTERIOR _____ COMBINATION

_____ FIRE _____ SMOKE _____ HEAT _____ COMBINATION

TYPE OF RESPONSE: (CHECK ONE OR MORE)

_____ LOCAL BELL OR SIREN _____ SILENT _____ DIRECT TO MLPD

_____ CENTRAL STATION _____ DIGITAL DIALER _____ AUTOMATIC DIALER

IF CENTRAL STATION WHO MONITORS SYSTEM?

NAME: _____ PHONE: _____

ADDRESS: _____

IN CASE OF EMERGENCY, NOTIFY: (LIST IN ORDER OF NOTIFICATION DESIRED)

1. NAME: _____ PHONE: _____ ALARM KEY? _____

ADDRESS: _____ HOUSEKEY? _____

2. NAME: _____ PHONE: _____ ALARM KEY? _____

ADDRESS: _____ HOUSEKEY? _____

3. NAME: _____ PHONE: _____ ALARM KEY? _____

ADDRESS: _____ HOUSEKEY? _____

DOES SYSTEM HAVE PANIC OR EMERGENCY BUTTONS? _____ YES _____ NO

IN EVENT OF FIRE ALARM ARE HANDICAPPED OR ELDERLY PERSONS ON PREMISES? _____

Other information