MOUNTAIN LAKES POLICE DEPARTMENT ALARM REGISTRATION

\square Alarm Information \square Emergency Contact \square Business \square Residence
Name: Date:
Address: Phone:
Name of Alarm Company:
Address:
Date System Installed: License:
System Manufacturer: Model:
Automatic Bell Cut-off Timer: Time set for:
Automatic Recycle Timer: Time set for:
Secondary Alarm Circuit
Type of Protection
\Box Burglary \Box Perimeter \Box Interior \Box Combination \Box Fire \Box Smoke \Box Heat
Type Of Response: (Check one or More)
☐ Local Bell/Siren ☐ Silent ☐ Direct OT MLPD
☐ Central Station ☐ Digital Dialer ☐ Automatic Dialer
If Central Station, who monitors system?
Name: Phone:
Address:
Does the system have Panic or Emergency buttons?
In the event of Fire Alarm, Are any handicapped or elderly persons on premises?
In case of Emergency, who should be notified: List below:
1. Name: Phone:
Address: Alarm Key?
House Key?
2. Name: Phone:
Address: Alarm Key? House Key?
3. Name: Phone:
Address: Alarm Key?
House Key?