

# SOUTH BOUND BROOK POLICE DEPARTMENT

*Jeffrey M. Titus*  
*Chief of Police*

12 Main Street  
South Bound Brook, New Jersey 08880  
Telephone: (732) 356-0087  
Department Facsimile: (732) 356-0865  
Confidential Facsimile: (732) 356-1499



## ALARM SYSTEM REGISTRATION - EMERGENCY CONTACT FORM

*Alarm Registration is required as per Borough Ordinance No. 2016-005*

RESIDENT/BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT./SUITE \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

1<sup>ST</sup> CONTACT \_\_\_\_\_ PH.# (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
(Last Name, First Name)

2<sup>ND</sup> CONTACT \_\_\_\_\_ PH.# (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
(Last Name, First Name)

3<sup>RD</sup> CONTACT \_\_\_\_\_ PH.# (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
(Last Name, First Name)

4<sup>TH</sup> CONTACT \_\_\_\_\_ PH.# (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
(Last Name, First Name)

PERSON THAT IS RESPONSIBLE FOR AND SHOULD RECEIVE ALL MAIL CONCERNING THE  
ALARM SYSTEM AT THIS LOCATION: \_\_\_\_\_

ALARM COMPANY'S NAME: \_\_\_\_\_ PH.# (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

\*\*\*\*\* Complete this section ONLY if the alarm's owner is different from above information \*\*\*\*\*

RESIDENT/BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

NAME OF PERSON COMPLETING FORM: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION**

*Please mail forms back to the attention of Chief of Police*