



# POLICE AND FIRE ALARM PERMIT APPLICATION

City of Asbury Park Alarm Ordinance Summary No. 2016-24

**Instructions:** Print legibly. Complete all items. Complete a separate form for **EACH** address to permitted.

**Please Print**       **RESIDENTIAL**       **BUSINESS**      **Alarm Permit No.** \_\_\_\_\_

**Type of Alarm:** (Please check all that apply)       Burglary       Panic/Robbery       Fire

Name of Responsible Party: \_\_\_\_\_

Business Name: \_\_\_\_\_

Alarm Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

**CONTACT PERSON**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile \_\_\_\_\_ Work: \_\_\_\_\_

**SPECIAL CONDITIONS**

In Order to ensure the safety of our officers and the public and to enable the Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animal, weapons, hazardous substances, etc.)

Comment: \_\_\_\_\_

**ALARM INSTALLATION DETAILS**

Date of Installation: \_\_\_\_\_ (mm/dd/yy)

Alarm Installation Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Monitoring Co (if different): \_\_\_\_\_ Phone Number: \_\_\_\_\_

*I have carefully read the completed application and acknowledge it to be true and correct. I hereby agree that if a permit is issued I will comply with all provisions of the City of Asbury Park Alarm Ordinance and State Laws. It is the alarm owner's responsibility to prevent false alarm and to ensure that all users of the system are trained in the use of the alarm system. Additionally, it is the alarm owner's responsibly to notify the alarm company of any changes to this information.*

*I also acknowledge that the installation company left me a set of written instructions for the alarm system, including written guidelines on how to avoid false alarms. The police response may be influenced by factors including, but not limited to, the availability of officers, priority call, traffic conditions, emergency conditions and staffing levels.*

**Signature: (Owner)** \_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/yy)

(Signature is required to have a valid Permit)

**Return this form and permit fee to Asbury Park Police Department, 1 Municipal Plaza, Asbury Park, NJ 07712**

For more information, visit the City website [www.cityofasburypark.com](http://www.cityofasburypark.com)