

TEWKSBURY TOWNSHIP POLICE DEPARTMENT

167 OLD TURNPIKE ROAD, CALIFON NJ 07830

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policesecretary@tewksburytp.net

ALARM APPLICATION AND PERMIT

PERMIT # _____

NAME: _____

PHYSICAL ADDRESS:

MAILING ADDRESS:

EMAIL: _____

PRIMARY CONTACT #: _____

TENANT NAME: _____

TENANT #: _____

ALARM COMPANY

NAME: _____

24HR. MAINTENANCE #: _____

EMERGENCY CONTACT INFORMATION

NAME AND TELEPHONE NUMBER OF PERSON(S) TO BE CONTACTED IN THE EVENT OF AN ALARM OR AN EMERGENCY SITUATION.

<u>NAME</u>	<u>PHONE NUMBER</u>

PLEASE UPDATE AND RETURN