BERGENFIELD POLICE DEPARTMENT
ALARM PERMIT REGISTRATION

DATE: _____   PERMIT NO. _____   FEE: $25.00

**COMPLETE ALL INFORMATION REQUESTED

PERMIT HOLDER   NAME: _____

ADDRESS _____

PHONE# _____   _____   _____
         Home   Mobile#   Work#

BILLING INFORMATION (if different than Permit Holder):   Check if Same as Permit Holder _____

NAME _____

ADDRESS_____

PHONE# _____   _____

ENTER DATA ON ALARM SERVICE COMPANY/ALARM AGENCY

NAME: _____   PHONE: _____

ADDRESS: _____

EMERGENCY CONTACT INFORMATION (NAME and PHONE #)
* To contact in an emergency or alarm activation

    1. _____

    2. _____

    3. _____

Any other information you want the Police Department to know about your Alarm/Residence:

_____

_____

_____

_____