

Residential Alarm

Business Alarm

**EGG HARBOR CITY POLICE**  
**Alarm Registration Application**  
**500 London Ave, EHC N.J. 08215**  
 You may return the completed form to  
[chiefofpolice@police.eggharborcity.org](mailto:chiefofpolice@police.eggharborcity.org)  
 or mail to the above address

**PART I. OWNER INFORMATION**

First Name  Last Name  Business Name   
 Address   
 email   
 City  State  ZipCode  Phone Number

**PART II. CONTACT INFORMATION (You must provide two (2) contacts)**

1. Name  Phone Number  Cell Number   
 2. Name  Phone Number  Cell Number   
 3. Name  Phone Number  Cell Number

**PART III. ALARM INSTALLER**

Company Name  License Number   
 Address  Phone Number   
 City  State  ZipCode

**PART VI. MONITORING COMPANY**

Company Name  Phone Number   
 Address   
 City  State  ZipCode

**NOTE: Monitoring Company Must provide a toll free number.**

**PART V. BUSINESS INFORMATION**

Business Hours Mon  Tue  Wed  Thur  Fri  Sat  Sun   
 Manager Name  Phone Number   Business has a security guard

**PART VI. SYSTEM INFORMATION**

Alarm Type:  Burglary  Fire  Panic  Hold Up  Medical Alert  
 Signal Type:  Audible  Silent  Both  Audible Only, No monitoring Co.

**PART VI. CONFIRMATION By checking this box, I agree to the following statement. REQUIRED WHEN FILING ONLINE!**

I agree to hold harmless the Egg Harbor City Police Department from any liability resulting from the use of automatic protection devices. I further understand that I am solely liable for each and every alarm originating from the above premises and have secured all required permits and completed all relevant applications that pertain to the above automatic protection device.

I further agree to supply my alarm monitoring company with my alarm number (when received) and advise them to give the alarm number FIRST then the location when reporting an alarm to the police department.