



**WEST WINDSOR TOWNSHIP POLICE DEPARTMENT**

20 Municipal Drive • P.O. Box 38  
West Windsor, New Jersey 08550  
JOSEPH M. PICA, JR., Chief of Police  
(609) 799-1222 FAX (609) 799-6338

PERMIT NUMBER \_\_\_\_\_

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

BUSINESS  
RESIDENCE

CHECK # \_\_\_\_\_

**ALARM PERMIT APPLICATION**

**Please Make \$25 check payable to West Windsor Township**

1. Full name of applicant: \_\_\_\_\_

2. Address of applicant: \_\_\_\_\_

3. Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

4. If business, common name of alarm premises: \_\_\_\_\_

5. Name, address and phone number of alarm company (if applicable) \_\_\_\_\_

6. Alarm type: Burglar \_\_\_\_\_, Fire \_\_\_\_\_, Panic \_\_\_\_\_, Hold Up \_\_\_\_\_, Audible \_\_\_\_\_, Silent \_\_\_\_\_

7. Names, addresses and telephone numbers of three persons to be contacted in case of alarm and/or malfunction (List in order depending upon shortest distance from business or residence.)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

8. Date of alarm system installation: \_\_\_\_\_

9. Are there any flammable or hazardous substances on the premises? If so, explain:

\_\_\_\_\_

\_\_\_\_\_  
(Signature)

