



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 UPDATE

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)

