

Livingston Police Department Burglar and Fire Alarm Registration Form

333 South Livingston Avenue
Livingston, New Jersey 07039
973-992-3000

Reg# _____

Name of Premise Alarmed _____

Address _____ Phone Number _____

Name of Owner _____

Address _____ Phone Number _____

Alarm Company Name _____

Address _____ Phone Number _____

Type of Alarm: Fire Burglar Audible (Local) Other _____

Is your alarm unit programmed to comply with the Township Alarm System Ordinance? Yes NO

In case of emergency please list in order of priority, persons to be contacted who will have keys and knowledge of the Alarm System.

Name _____ Phone (home) _____ Phone (work) _____

Address _____ Phone (cell) _____ Phone (other) _____

Name _____ Phone (home) _____ Phone (work) _____

Address _____ Phone (cell) _____ Phone (other) _____

Name _____ Phone (home) _____ Phone (work) _____

Address _____ Phone (cell) _____ Phone (other) _____

Name _____ Phone (home) _____ Phone (work) _____

Address _____ Phone (cell) _____ Phone (other) _____

Name _____ Phone (home) _____ Phone (work) _____

Address _____ Phone (cell) _____ Phone (other) _____

Signature _____ Date _____

Please update this information as needed and annually