



Rumson Police Department

Alarm System Permit Application
Please complete or update your application
Please type or print legibly

Name: _____
Last First M.I.

DOB: _____ SS# _____

Home Address: _____

Mailing Address: _____

Home Address: _____
(If different from mailing address)

Telephone#: _____
(Home#) (Cell#)

Type of Premises: _____
(If business, describe)

Type of Alarm: Burglar Fire Hold up Other: _____

Alarm Company: _____
(Name) (Telephone #)

_____ *(Address)*

Emergency Contacts: *(Not living in house)*

_____ *(Name) (Address) (Telephone #)*

_____ *(Name) (Address) (Telephone #)*

_____ *(Name) (Address) (Telephone #)*

Was the alarm a new installation? Yes or No
If no, who was the previous home owner? _____

Does the system have an outside audible? Yes or No

Date of Application: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Permit Number Issued: _____

Date Issued: _____