

# BOROUGH OF CHATHAM

## APPLICATION TO OPERATE A PRIVATE ALARM SYSTEM

Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	Permit Expires December 31st, 20_____
Permit Applicant's Name:		
Permit Applicant's Address:		
Applicant's Home Phone #:	Type of alarm system: (Check below all that apply)	
Alarm premises address: ( <i>complete only if different than the Applicant address</i> )	Central Station: <input type="checkbox"/>	Warning Device: <input type="checkbox"/>
<b>Alarm Company Servicing Your Alarm System</b>		
Name:	24 Hour Telephone Number:	
Address:		
<b>Annual Permit Fees</b>		
Central Station System- \$ 25.00	Warning Device System- \$ 25.00	
Fee enclosed \$ _____ ( <i>make checks payable to the Borough Of Chatham</i> )		
It is understood that the applicant is responsible for notifying the Chief of Police, in writing, of any changes that may occur concerning information that has been supplied in this application.		
Signature of Applicant:	Date:	
This permit is approved subject to the provisions of Chapter 110 of the Code of the Borough of Chatham and any other regulations governing the use of private alarm systems which are issued by the Chief of Police. This permit in <b>not</b> transferable.		
Chief of Police:	Date:	Permit #:
<b>List, in order of notification, the names and phone numbers of (4) individuals, (including yourself ), who can be contacted in case of an alarm activation.</b>		
<b>NAMES</b>	<b>PHONE NUMBERS</b>	
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		