

\$10.00 \$270.00
Monitored Direct Connect

MARLBORO TOWNSHIP POLICE DEPARTMENT
APPLICATION FOR RESIDENTIAL ALARM REGISTRATION

Date of Application: _____

Type of System: Burglary Fire Panic Other

Please Print

Name of Applicant:	Alarm Installer:
Address: _____ _____	Alarm Installer Address:
Telephone: Home: _____ Cell: _____	Alarm Installer Telephone:
E-Mail: (optional) _____	

In case of emergency, please list, in order of priority, the names, addresses, and telephone numbers of persons who will have a key for the above premises:

Name	Address	Telephone Number
1.		1) _____ 2) _____ 3) _____
2.		1) _____ 2) _____ 3) _____
3.		1) _____ 2) _____ 3) _____

Owner, in consideration of permit issued to connect an alarm system granted by the Township of Marlboro, agrees to indemnify, and hold harmless, the Township from and against all claims, suits, damages, costs, losses, and expenses, and agrees to and does hereby release the Township from any and all liability or damages in any way, resulting from or arising out of, or connected with the installation, operation, or maintenance of the alarm system by its alarm contractor or the alarm system licensee.

Signature