



# Medford Township Police Department

91 Union Street Medford, New Jersey 08055



**Richard J. Meder, Chief of Police**

Lt. Arthur Waterman, Bureau Commander  
Lt. William Dunleavy, Bureau Commander  
Lt. Jason Deroian, Bureau Commander

Emergency: 9-1-1  
**Police Dispatch: 609-267-8300**  
Police Admin. Building: 609-654-7511  
Admin. Fax: 609-654-5996  
www.medfordpolice.org

## ALARM REGISTRATION FORM AS PER ORDINANCE #2007-30

ALARM# [ \_\_\_\_\_ ] (leave blank)

1. Name of Resident/Business: \_\_\_\_\_

Location of Residence/Business: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

2. Alarm Servicing Company: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Address: \_\_\_\_\_

3. Alarm Monitoring Company: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Address: \_\_\_\_\_

4. Responsibility Party/Entity (if different from above):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

5. In case of Emergency, please list in order of priority, persons to be contacted in the event of activation other than applicant, who has reset capabilities. **Print full name, listing only one (1) name per line, please.**

A. Name: \_\_\_\_\_ Home/Cell/Work Phone# ( ) \_\_\_\_\_

Address: \_\_\_\_\_

B. Name: \_\_\_\_\_ Home/Cell/Work Phone# ( ) \_\_\_\_\_

Address: \_\_\_\_\_

C. Name: \_\_\_\_\_ Home/Cell/Work Phone# ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Please return this application to the above address. A **\$30.00 Application fee** must accompany this application. Make check payable to "Medford Township".

Fee paid \_\_\_\_\_ Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Cash [ ] Check [ ] Check Number [ \_\_\_\_\_ ] Check Dated [ \_\_\_\_\_ ]