



# Borough of Mount Arlington

419 Howard Boulevard  
Mount Arlington, NJ 07856  
[www.mountarlingtonnj.org](http://www.mountarlingtonnj.org)  
(973) 398-6832 ext. 112 or 125  
[mbansch@mtarlingtonboro.com](mailto:mbansch@mtarlingtonboro.com)  
[arosone@mtarlingtonboro.com](mailto:arosone@mtarlingtonboro.com)

## ALARM REGISTRATION FORM

**Name of Owner:** \_\_\_\_\_

**Address of Alarm:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

*Check if same as address of alarm*

**Contact information:**

Home Phone	_____
Cell Phone	_____
Work Phone	_____
E-mail	_____
Other	_____

### Type of Property:

House  Town House/Condo  Apartment  Business  Other  
(Describe \_\_\_\_\_)

### Type of Alarm:

Burglar  Fire  Panic  Hold-up  Other (Describe \_\_\_\_\_)

### Alarm Company Information:

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

**Alternate Emergency Contact Person:**

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

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

Additional information you would like the Emergency Responders to know

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In making this application I hereby certify that:

- The information provided herein is true in every detail.
- I have received a copy of the Borough of Mount Arlington Alarm Ordinance.
- I will operate my alarm system in such a manner as to minimize false alarms. I understand that police and fire units responding to false alarms are unavailable for genuine emergencies.
- I have read the Alarm Ordinance and understand the penalty provisions for excessive false alarms.
- I will permit inspection of my alarm system at any reasonable hour by the Chief of Police or his designated representative.
- I understand that the filing of this registration does not alleviate my obligation to obtain any necessary construction permits or other permits for the installation and/or maintenance of my alarm system.
- I understand that this form is for informational purposes only and does not affect or change my obligations to adhere to and fully comply with the Borough of Mount Arlington Alarm Ordinance and/or any State, Federal or Local laws or regulations.
- I agree to save and hold harmless the Borough of Mount Arlington, its agencies, departments, officials and employees from any liability or damages arising out of operation or miss-operation of my alarm system.

Signature: \_\_\_\_\_ Date submitted \_\_\_\_\_

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

cc: Chief of Police  
Construction