DEPARTMENT OF POLICE
Borough of Fair Lawn
Bergen County, New Jersey

Glen Cauwels
Chief of Police

Tel: 201-796-1400

8-01 Fair Lawn Avenue
Fair Lawn, NJ 07410

Fax: 201-703-4267

www.fairlawnpd.com

Attention Homeowner / Business Owner

In accordance with the Borough Ordinance governing alarm systems (Panic, hold-up, medical, fire, burglar, etc.), we are requesting that you complete the attached Alarm Registration / Contact Form in its entirety and return it as soon as possible. You can either mail the form for fax it to Police Records Bureau at 201-703-4267.

When completing the form, please complete the homeowner / business information in the upper section of the form. ALL the alarm information and at least one (1) non-household member in the contact section. Please print clearly or it may be completed online and printed out.

Please check if this is either a new registration or an updated registration in the box provided.

Please return the form to:

Fair Lawn Police Dept.
8-01 Fair Lawn Ave.
Fair Lawn, NJ 07410

New Registration ☐ Updated Registration ☐ Received by_____ Date _____

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PREMISE REGISTRATION TYPE: **RESIDENTIAL** ☐ **BUSINESS** ☐

***** PLEASE PRINT CLEARLY OR COMPLETE ONLINE AND PRINT OUT *****

Resident or Business Name: _____

Residence or Business Address: _____ _____

Residence or Business Primary Telephone #: (_____) - _____ - _____

Floor / Suite or Apt. # (if applicable): _____

Home/Business owner's Name (if different than above):_____

Home/Business owner's Address (if different than above):_____

Home/Business owner's Home Phone (if different than above): (_____) - _____ - _____

Home/Business owner's Cell / Secondary Phone (if different than above): (_____) - _____ - _____

EMERGENCY CONTACT INFORMATION

** Please list at least (3) Local Emergency Contacts in the order that you wish them to be contacted **

1.) Name: _____ Keyholder? ☐ YES ☐ NO
Address: _____ City: _____
Home # : (_____) - _____ - _____ Cell # (_____) - _____ - _____

2.) Name: _____ Keyholder? ☐ YES ☐ NO
Address: _____ City: _____
Home # : (_____) - _____ - _____ Cell # (_____) - _____ - _____

3.) Name: _____ Keyholder? ☐ YES ☐ NO
Address: _____ City: _____
Home # : (_____) - _____ - _____ Cell # (_____) - _____ - _____

ALARM INFORMATION

Alarm Company Name: _____

Alarm Company Phone #: _____

Alarm Type(s) (please check all that apply): ☐ BURGLAR ☐ FIRE ☐ MEDICAL ☐ PANIC

**** Please return all completed forms to P.O. Check ****