



City of Northfield Alarm Registration Form

(Please fill in all known information)

Applicant's Name: _____ Title (owner, manager, etc.): _____

Company Name: _____ Phone: _____ Date: _____

Address: _____ Block and Lot: _____

Property Type (circle): Business Residential Alarm Type (circle): Fire Burglary Robbery

Alarm Installer: _____ Phone: _____

Alarm Monitoring Company: _____ Phone: _____

Emergency Contact List

(A minimum of three (3) contacts must be listed)

Name: _____ Address: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Applicant's Signature: _____ **Date:** _____

Upon completion return this form, with a ten (\$10) dollar fee payable to:

City of Northfield
1600 Shore Road
Northfield, NJ 08225
Attention: Alarm Registration

(Do not write below this line – for internal use only)

Date Received: _____ Check Number: _____ Entered by: _____

Comments: _____