

## **Bridgewater Township Alarm Registration and Emergency Notification Information**

Dear Bridgewater Resident:

Enclosed please find a copy of the Bridgewater Township Alarm Ordinance. A major provision of the Ordinance is that <u>all</u> alarms must be registered with the Police Department. An alarm registration form is attached for you to complete. We request that you complete this registration form in its entirety and return it to our files. Also, any changes to your registration during the year must be reported to us immediately.

Each year, the Bridgewater Police respond to over 4,000 alarm activations, most of which are either accidentally activated or are due to faulty equipment. Without the alarm owner's information, we have no way of notifying you of a problem.

Again, I request that you complete the enclosed form and return it to:

Bridgewater Police Department Attention: Richard Larsen, Alarms Manager 100 Commons Way Bridgewater, New Jersey 08807-2801

If you have any questions, please call (908)722-4111 ext. 4055. Thank you for your cooperation in this matter.

Very truly yours,

John B. Mítzak

John B. Mitzak Chief of Police

By: Richard Larsen Alarms Manager

Enclosures (2)

**Note:** With the implementation of the Emergency 911 System in Bridgewater, you are required to have the street number of the residence or business clearly visible from the road. This will greatly aid us in assisting you during times of emergency.

Alarm # (Assigned by PD)	Bridgewater Police Department Richard Larsen – Alarms Manager
(Assigned by FD)	100 Commons Way
□ New □ Change	Bridgewater, New Jersey 08807
	Telephone (908) 722-4111 ext. 4055
Alarm Registration and En	mergency Notification Information
Please Print Clearly	
Name:	
Alarm Type:   Residence	☐ Business
Alarm Address/ Location:	
Mailing Address:	
City, State, Zip:	Other Phone:  Cell Phone  Business  (please check)
Home/ Business Phone:	Other Phone:
	Cell Phone □ Business □ (please check)
Alarm Company:	
24 Hour Emergency Alarm Co. #:	
	n   No Alarm- Emergency Contact Only
	case of an alarm activation or other emergency at this location. Supply
	ency contacts. Please take a moment to instruct them on how your alarmy have information about the alarm system accessible to them and
an entrance kev.	
1. Name:	Home Phone:
	Other Phone:
	(Please check) □Cell or □ business
2. Name:	Home Phone:
	Other Phone:
	(Please check) □Cell or □ business
3. Name:	Home Phone:
	Other Phone:
	(Please check) □Cell or □ business
For Alarn	n Registrations Only
	opy of "ORDINANCE, CHAPTER 100 OF THE CODE OF
SYSTEMS," and that the applicant has read and und	D EMERGENCY PANEL AND PRIVATE ALARM
	ation information must be made within 10 days, Section
S100-7 specified service fees and conditions of fals	
Signature of Applicant	
Application Date	Approved: Date
11	11