

BOROUGH OF HAWTHORNE
Alarm Registration Form
Ordinance No. 1482

Date: _____

Registered Residence/Company _____

Street Address: _____

Home Phone # _____ Alt. Phone # _____

Type of Alarm:

- CENTRAL STATION
- DIAL/TELEPHONE
- LOCAL
- AUDIBLE

Type of Alarm Coverage:

- BURGLARY
- FIRE
- HOLD-UP
- OTHER

Person(s) to be contacted in event of alarm problem or emergency:

_____ Telephone: _____

_____ Telephone: _____

_____ Telephone: _____

Alarm Installed By (Homeowner / Company)

Name: _____

Address: _____

Telephone: _____

NOTICE: PRIOR TO AND AT THE COMPLETION OF ANY ALARM TESTING, POLICE ARE TO BE NOTIFIED. INFORMATION MUST BE UPDATED ON AN ANNUAL BASIS. PLEASE CALL BY DECEMBER 31 OF EACH YEAR TO NOTIFY POLICE OF ANY CHANGES OR IF INFORMATION REMAINS THE SAME.