## Alarm Number

## Borough of Kinnelon Police Department APPLICATION FOR BURGLAR & FIRE ALARM SYSTEM CONNECTION

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	(First) Home Phone #	(Middle Initial) Business Phone #
Address of Applicant Name of Premise, (If not residence)	Home Phone #	Business Phone #
Name of Premise, (If not residence)		
Address, (If different than applicant)		
Name of Installation Company		
Address of Installation Company		
Type of Alarm (check as many as ap	ply):	
Burglar Fire Medical If other than above, please specify		
In order of priority, list three (3) personance have a key and knowledge of your al		e of an emergency, who
Name	Address	Phone#
Name	Address	Phone#
Name	Address	Phone#
This permit is accepted upon the e indemnify and hold harmless the E from any and all damages arising contractor.	Borough of Kinnelon, its	agents or employees
		Signature of Applicant
Fee\$ Form of Pa	yment	Date

Application approved by\_\_\_\_\_ Date of approval\_\_\_\_\_