



POLICE DEPARTMENT
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CHIEF OF POLICE

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ALARM PERMIT APPLICATION – 2015

A New Alarm Permit Application must be submitted to the Police Department yearly.

NAME _____ HOME# _____

STREET ADDRESS: _____ WORK # _____

MAILING ADDRESS: _____

ALARM MONITORING COMPANY: _____

ADDRESS: _____ PHONE# _____

PURPOSE OF ALARM: _____ BURGLAR _____ FIRE _____ PRESSURE _____

OTHER – SPECIFY TYPE: _____

IN CASE OF EMERGENCY, LIST IN PRIORITY ORDER, PERSONS TO BE CONTACTED AND/OR WHO HAVE A KEY TO THE BUILDING OTHER THAN THE OWNER.

(1) NAME _____

ADDRESS _____

PHONE #:(_____) _____ TITLE: _____

(2) NAME _____

ADDRESS _____

PHONE #: (_____) _____ TITLE: _____



NAME OF PERSON COMPLETING THIS APPLICATION

OWNER RENTER

DO YOU OWN OR RENT ALARMED PROPERTY

DATE