



CITY OF LAMBERTVILLE POLICE DEPARTMENT

349 North Main Street, Lambertville, NJ 08530
TEL: (609) 397-3132
FAX: (609) 397-9305

Bruce M. Cocuzza
Police Director

BUSINESS RESIDENTIAL FILE FORM

Municipality No. 1017	Date:
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BUSINESS OWNER INFORMATION:

Name/Address of Business: _____

Phone Number of Business: _____ Complex Name: _____

Name/Address of Business Owner: _____

Phone Number of Business Owner: _____

E-Mail Address and Fax # of Business: _____

PROPERTY OWNER INFORMATION:

Name/Address of Property Owner: _____

Phone Number of Property Owner: _____

ALARM INFORMATION:	TYPE OF ALARM (CHECK ALL APPROPRIATE):	SECURITY CAMERA INSTALLED
Alarm Company: _____	<input type="checkbox"/> Burglar <input type="checkbox"/> Hold Up <input type="checkbox"/> Fire <input type="checkbox"/> Tape Dialer <input type="checkbox"/> Panic Alarm Co. Monitored <input type="checkbox"/> Medical <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interior <input type="checkbox"/> Exterior
Address: _____		
Telephone Number (include area code): _____		

EMERGENCY CONTACT PERSONNEL (AREA CODE MUST BE INCLUDED):

1. Name: _____ Day Telephone: _____
 Night Telephone: _____ Cell: _____

2. Name: _____ Day Telephone: _____
 Night Telephone: _____ Cell: _____

3. Name: _____ Day Telephone: _____
 Night Telephone: _____ Cell: _____

WAIVER

In making this application, I certify that I have an Alarm System installed at this location. I further certify that I have been furnished with a copy of the Alarm Ordinance of the City of Lambertville, that I have read and understand the penalty provision of the Ordinance, and that if I am granted a permit under the Ordinance to operate an alarm system, I will comply with all requirements of the Ordinance and rules established by the City of Lambertville, its departments, agencies, officials, and employers from any liability or damages suffered as a result of the installation, operation or maintenance of my alarm system.

Signature: _____ Date: _____
 Printed Name: _____
 If Corporation, Name of Corporation & Title of Authorized Officer

COMMUNICATIONS USE ONLY:
 Entered by: _____ CAD# _____ Date: _____