

\$10.00     \$270.00  
 Monitored    Direct Connect

MARLBORO TOWNSHIP POLICE DEPARTMENT  
 APPLICATION FOR BUSINESS ALARM REGISTRATION

Date of Application: \_\_\_\_\_

Type of System:     Burglary     Fire     Panic     Other

Name of Applicant:	Alarm Installer:
Address:	Alarm Installer Address:
Telephone:	Alarm Installer Telephone:
E-Mail:	

Web Site: \_\_\_\_\_

In case of emergency, please list, in order of priority, the names, addresses, and telephone numbers of persons who will have a key for the above premises:

Name	Address	Telephone Number
Owner		_____
1.		_____
2.		_____
3.		_____

Owner, in consideration of permit issued to connect an alarm system granted by the Township of Marlboro, agrees to indemnify, and hold harmless, the Township from and against all claims, suits, damages, costs, losses, and expenses, and agrees to and does hereby release the Township from any and all liability or damages in any way, resulting from or arising out of, or connected with the installation, operation, or maintenance of the alarm system by its alarm contractor or the alarm system licensee.

\_\_\_\_\_  
 Signature