



Township of Branchburg

1077 US HIGHWAY 202 NORTH, BRANCHBURG, NJ 08876-3936

TELEPHONE: (908) 526-1300

FAX: (908) 526-2452

www.branchburg.nj.us

OFFICE OF FIRE SAFETY

ALARM REGISTRATION FORM

Mail to: Bureau of Fire Safety
Township of Branchburg
1077 US Highway 202 North
Branchburg, New Jersey 08876

Make checks payable to: Township of Branchburg Bureau of Fire Safety

Registration Fee: Each system registered shall be **\$10.00**.
Please use a separate form for each system.

I. Applicant Name: _____

Applicant Address: _____

Telephone Number: _____

II. **This section is to be filled out if the applicant is a commercial or business establishment.**

1) Common name of alarm premise: _____

2) Alarm premise actual street location: _____

3) Alarm premise telephone number: _____

4) Type of Business: _____

5) Normal hours of operation: _____

6) Building owner's name: _____

7) Building owner's address: _____

8) Building owner's telephone number: _____



III. This section to be filled out by all applicants.

Alarm Type: (check all that apply)

- Automatic hold up Manual hold up Burglar
 Fire outside audible Silent
 Other, explain: _____

Is Alarm Company responding? Yes No

Does alarm automatically reset? Yes No

Time of reset _____ minutes. (As per ordinance, 15 minutes maximum)

Additional alarm description, activation points, etc.

(if more space is needed, please attach additional sheets)

Alarm installer name: _____

Alarm installer address: _____

Alarm installer telephone number: _____

IV. This section is to be filled out by all applicants.

Person or business monitoring and/or initially responding to an activation of alarm system. (Central Monitoring Station)

Monitoring company name: _____

Monitoring company address: _____

Monitoring company telephone number: _____



V: This section is to be filled out by all applicants.

Person or business that will provide maintenance of the alarm system.

Maintenance company name: _____

Maintenance company address: _____

Maintenance company telephone number: _____

VI: Please list as many, up to three, names of persons to be contacted in case of an emergency. Name, address, and telephone number should be included.

These persons should have access to the building and the alarm system.

1. _____ Telephone: _____

2. _____ Telephone: _____

3. _____ Telephone: _____

VII: Additional Information:

NOTE: All sections must be completed; otherwise the application will not be accepted and the alarm system will be considered not registered.



The owner of the building shall file a revised, amended, or supplemental application at no additional charge, containing current and accurate information within ten (10) calendar days of the change in the original information submitted to the Municipality.

Please contact (908) 526-1300 ext 158 in you have any questions.

Signature: _____ Date: _____

Print or type name: _____