



___ New ___ Update

Township of Ocean
False Alarm Reduction Program
399 Monmouth Road, Oakhurst, NJ 07755-1589

INSTRUCTIONS: Print legibly. Complete all items. Complete a separate form for EACH address to be permitted.

ALARM PERMIT APPLICATION

Please Print ___ RESIDENTIAL ___ BUSINESS Alarm Permit No. _____

Type of Alarm: (Please check all that apply) ___ Burglary ___ Panic/Robbery ___ Fire

Name of Responsible Party: _____

Business Name: _____

Alarm Site Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if different): _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Alternate Phone: _____

Office Phone: _____

CONTACT PERSON(S)

1. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Mobile ___ Work: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Mobile ___ Work: _____

SPECIAL CONDITIONS

In order to ensure the safety of our officers and the public and to enable the Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animal, weapons, hazardous substances, etc.)

Comment: _____

ALARM INSTALLATION DETAILS

Date of Installation: _____ (mm/dd/yyyy)

Alarm Installation Company: _____ Phone Number: _____

Monitoring Co (if different): _____ Phone Number: _____

I have carefully read the completed application and acknowledge it to be true and correct. I hereby agree that if a permit is issued I will comply with all provisions of the Township of Ocean Alarm Ordinance and State laws. It is the alarm owner's responsibility to prevent false alarms and to ensure that all users of the system are trained in the use of the alarm system. Additionally, it is the alarm owner's responsibility to notify the alarm company of any changes to this information.

I also acknowledge that the installation company left me a set of written instructions for the alarm system, including written guidelines on how to avoid false alarms. The police response may be influenced by factors including, but not limited to, the availability of officers, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner) _____ Date: _____ (mm/dd/yyyy)
(Signature is required to have a valid Permit)

In accordance with the Township of Ocean's Ordinance No. 2199, if you have an alarm system in the Township of Ocean, it must be permitted. Permit fees are \$25.00 annually for residential and \$50.00 annually for business. The fee for an Alarm Permit shall be paid by the Alarm User. Permit fees are non-refundable. The first false alarm will not be billed. The second and third false alarms are \$50.00 each; fourth and fifth alarms are \$100.00 each; sixth false alarm and subsequent activations are \$150.00 each.

Make checks payable to: Township of Ocean Police Department
Annual Residential Permit Fee: \$25.00 Annual Business Permit Fee: \$50.00

Return this form and permit fee to: Township of Ocean Police Department, 399 Monmouth Road, Oakhurst, NJ 07755-1589