

**CITY OF ENGLEWOOD
 FALSE ALARM REDUCTION PROGRAM
 C/O ATB SERVICES
 P.O. BOX 299
 Emerson, NJ 07630
 1-800-861-5944**



ALARM PERMIT APPLICATION

RESIDENTIAL

 Name of Permit Holder (Please print)

 Alarm Location (Include Building/Apt #)

 City, State and Zip Code

 Billing Address (if different)

 City, State and Zip Code

Home Phone: _____

Cell Phone: _____

BUSINESS

Under 5,000 _____ Over 5,000 _____
 Square Footage (Please Check One)

Type of Business Conducted _____

Business Name (Please print) _____

Name of responsible party (Please print) _____

Alarm Location (Include Suite or Unit #) _____

City, State and Zip Code _____

Billing Address (if different) _____

City, State and Zip Code _____

Office Phone: _____

SPECIAL CONDITIONS

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

Comment: _____

ALARM INSTALLATION DETAILS

Alarm Installation Date: _____

Alarm Installation Company: _____

Monitoring Company: (if different) _____

Address : _____

Phone # : _____

Address : _____

Phone # : _____

PLEASE READ THE FOLLOWING AND SIGN

This is to certify that as the applying principal, my immediate family, tenants, or employees who have access to the protected premises have been given training which includes procedures and practices to follow in the event that the alarm system is accidentally activated. 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:** _____

In accordance with the City of Englewood Burglar Alarm Ordinance 08-08, as amended, if you have an alarm system in the city limits, it must be registered with the city within 30 days of this notice. The fee for an Alarm Permit or an Alarm Permit Renewal is set forth below and shall be paid by the Alarm user. No refund of a permit fee or permit renewal fee will be made. First false burglar alarm is \$25.00 (waived for completing alarm school online); second false alarm is \$50.00; third false alarm is \$75.00; fourth false alarm is \$100.00; fifth or more false alarm is \$200.00. Each false robbery and panic alarm is \$150.00 each.

Initial Permit Fee:	Residential	\$20.00	Renewal Fees:	Commercial (Over 5,000 Sq ft)	\$50.00
	Commercial (Under 5,000 Sq Ft)	\$50.00			
	Commercial (Over 5,000 Sq Ft)	\$100.00			

***** If you travel and will be away from the alarm site for a long period of time, please call ATB Services and provide an alternate billing address where we may send any billings or notices regarding your permit.**

**Make Checks Payable To: City of Englewood
 Return this form and registration fee to:**

City of Englewood
 C/O ATB Services
 P.O. Box 299
 Emerson, NJ 07630

www.atbservices.com/englewood
For Customer Service Call: 1-800-861-5944

For Office Use Only

Registration Number: _____
 Date Received: _____
 Expiration Date: _____