

EWING TOWNSHIP POLICE DEPARTMENT

EMERGENCY SERVICES REGISTRATION

REGISTRATION NUMBER: 000000	DATE:	RECEIVED BY:
--------------------------------	-------	--------------

<input type="radio"/> BUSINESS <input type="radio"/> RESIDENCE (CHECK ONE)	PLEASE DO NOT WRITE IN SHADED BOXES
---	-------------------------------------

Name:	Home Phone: () -
-------	------------------------------

Address:	Apt:	Business Phone: Ext. () -
----------	------	--

City:	State:	Zip:	Other: () -
-------	--------	------	-------------------------

Primary Contact Person:	Business Phone: Ext. () -
-------------------------	--

Business Owner:	Home Phone: () -
-----------------	------------------------------

Address:	Apt:	Position:
----------	------	-----------

City:	State:	Zip:	Will Key Holders Respond ? <input type="radio"/> YES <input type="radio"/> NO
-------	--------	------	---

CORPORATE OFFICER / RESIDENT RESPONSIBLE TO REMIT PENALTY FEES:

Print Name	Title	Signature (Required)

LOCATION TYPE: (CHECK ONE)

<input type="radio"/> Government Building	<input type="radio"/> Residence	<input type="radio"/> School
<input type="radio"/> Bank	<input type="radio"/> Commercial	<input type="radio"/> Other _____

TYPE OF ALARM SYSTEM: (CHECK ALL THAT APPLY)

<input type="radio"/> Burglar	<input type="radio"/> Medical	<input type="radio"/> Temperature
<input type="radio"/> Holdup	<input type="radio"/> Fire	<input type="radio"/> High Water
<input type="radio"/> Panic	<input type="radio"/> Fire Waterflow / Sprinkler	<input type="radio"/> Other: _____

LOCATION OF ANNUNCIATOR PANEL / ENTRY KEY PAD / KNOX BOX:

ALARM SERVICE COMPANY:

Address:	Phone: () -
----------	-------------------------

City:	State:	Zip:	Phone (Other): () -
-------	--------	------	-----------------------------------

EMERGENCY CONTACT PERSON(S) - (24 HOUR PHONE)

		KEY	
		YES	NO
1)	Name: _____ Phone: () - _____	0	0
2)	Name: _____ Phone: () - _____	0	0
3)	Name: _____ Phone: () - _____	0	0

MEDICAL / OTHER PERTINENT INFORMATION: _____

MISCELLANEOUS:

	YES	NO		YES	NO
Hazardous Materials Stored:	<input type="radio"/>	<input type="radio"/>	Guard on Duty:	<input type="radio"/>	<input type="radio"/>
Firearms on Premises:	<input type="radio"/>	<input type="radio"/>	Dog(s) on Premises:	<input type="radio"/>	<input type="radio"/>

Information contained on the registration form is CONFIDENTIAL and is for OFFICIAL USE ONLY

-- Blocks that apply must be COMPLETED --