

Far Hills

POLICE DEPARTMENT

Michael C. DeCarolis
Chief of Police

6 Prospect St.
Far Hills, N.J. 07931



ALARM REGISTRATION (Per Ordinance No. 2005-10)

Property Address: _____

Name/Business Name: _____

Mailing Address: _____

Home Phone/Cell Phone: _____

Email Address: _____

I have the following type of alarm:

Burglar Fire Medical Emergency Panic

My alarm system is monitored by: _____

Alarm Company contact info/telephone: _____

The following individuals are keyholders who have access to my home or business when I am not available. (Names/Telephone Numbers and Address)

1. _____

2. _____

I have a gated entry to my property: YES NO Gate Access Code: _____

Any other information you would like the police to be aware of:

**Please include a \$20.00 ANNUAL ALARM REGISTRATION FEE CHECK
(made payable to the Far Hills Police Dept.)**