

CITY OF MILLVILLE
POLICE EMERGENCY ALARM - USER PERMIT APPLICATION
Chapter 33, Article XIV

Owner: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

ADDRESS WHERE DEVICE IS INSTALLED:

_____ Same as above _____ Business Location _____ Rental Property

Business/Occupant Name: _____

Address: _____ Phone: _____

TYPE OF ALARM: _____ Dialer _____ Audible _____ Direct to Police Panel

Alarm Vendor/Installer: _____

Address: _____

Phone: _____

ALARM REPAIR SERVICE: _____

Address: _____

Phone: _____

PERSONS AUTHORIZED TO RESPOND (other than listed owner) WHO CAN ASSIST POLICE WITH
SECURING THE PROPERTY, IF NECESSARY.

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

Please include your permit fee of \$20.00 (Senior Citizens (65 & older) & 100% Permanently Disabled Persons Exempt from this fee ***proof required-please attach copy.***)

For the current year, made payable to "City of Millville" and return along with this form to:

City of Millville
Attn: 2nd Floor Finance Office
PO Box 609
Millville, NJ 08332

If you have any questions, please call 856-825-7000, ext. 7336 or ext. 7255
Monday through Friday (except holidays) - 8:30 a.m. to 4:30 p.m.

** Please mail or email (Ashley.Ridgway@millvillenj.gov) any new applications, so they may be set up and an invoice may be sent out.