CLIFTON POLICE DEPARTMENT
Alarm Registration / Emergency Contact Info

As the owner/operator/user of a burglar and/or fire alarm, you are required by City Ordinance to register it with the City of Clifton. Please fill out and return this form as soon as possible to:

Clifton Police Department
900 Clifton Avenue
Clifton, NJ 07013
ATTN: Alarm Registration

NOTE: There is a $25 (one time) registration fee for NEW business alarms only.
There is NO fee for residents or a previously registered businesses.
Please make checks payable to City of Clifton and return with this form.

If your alarm is already registered and your contact information has changed or you are not sure if we have your current information, please fill out this form and return so we can keep your information up to date.

Location Address: _____ Clifton, NJ _____
Street Address **Zip Code**

Business / Resident Name: _____ _____
Business or Residence Phone Number

Please List Emergency Contacts in order you wish them to be called

Home Owner: ☐ **Resident:** ☐ **Emergency Contact:** ☐

Name: _____ Phone #- _____ Phone #- _____

☐ **Home** ☐ **Cell** ☐ **Other** (Check Appropriate) ☐ **Home** ☐ **Cell** ☐ **Other** (Check Appropriate)

Address: _____
(if different than above) _____

Home Owner: ☐ **Resident:** ☐ **Emergency Contact:** ☐

Name: _____ Phone #- _____ Phone #- _____

☐ **Home** ☐ **Cell** ☐ **Other** (Check Appropriate) ☐ **Home** ☐ **Cell** ☐ **Other** (Check Appropriate)

Address: _____
(if different than above) _____

Home Owner: ☐ **Resident:** ☐ **Emergency Contact:** ☐

Name: _____ Phone #- _____ Phone #- _____

☐ **Home** ☐ **Cell** ☐ **Other** (Check Appropriate) ☐ **Home** ☐ **Cell** ☐ **Other** (Check Appropriate)

Address: _____
(if different than above) _____

Home Owner: ☐ **Resident:** ☐ **Emergency Contact:** ☐

Name: _____ Phone #- _____ Phone #- _____

☐ **Home** ☐ **Cell** ☐ **Other** (Check Appropriate) ☐ **Home** ☐ **Cell** ☐ **Other** (Check Appropriate)

Address: _____
(if different than above) _____