



ALLENDALE POLICE DEPARTMENT

290 FRANKLIN TURNPIKE, ALLENDALE, NJ 07401-2093

GEORGE W. SCHERB
CHIEF OF POLICE

(201) 825-1900
FAX (201) 825-3555
E-Mail: apdadmin@allendalepd.org

2017

ALLENDALE POLICE INFORMATION FORM

Dear Allendale resident or business,

Please take a moment to complete the required form and return it to The Allendale Police Department as soon as possible. The information given will aid us in reaching out to you in an emergency.

Info the same _____ New Resident _____

Emergency Contact Information

Resident Name or Business Name:

Address:

Phone #s:

Contact #1

Name:

Address:

Phone #s:

Contact #2

Name:

Address:

Phone #s:

Register for SwiftReach / Reverse 9-11:

Go to www.allendalenj.gov & complete the information

“DO YOU HAVE AN ALARM SYSTEM?” YES or NO (circle one)

If you circled “YES”, please go to page 2 which requires you to register your Alarm System with the Chief of Police indicated in Borough Code 82-5.



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ALARM REGISTRATION FORM

The MANDATORY Alarm Registration Fee will be \$25.00 for the 2017 Calendar Year. Payment can be made by check or money order to:

ALLENDALE POLICE DEPARTMENT
290 FRANKLIN TURNPIKE
ALLENDALE, NJ 07401

Note: Borough Code 82-5 states, "No person shall install, operate or maintain any Alarm System unless the system has been registered with and approved by the Chief of Police." Failure to register your alarm may result in fines up to \$1,000.

Resident Name or Business:

Address:

Phone #:

Alarm Company:

Phone #:

How received: Central Station Monitoring: Yes: No:

*Outside Audible Device Yes: No:

If yes, indicate audible alarm reset time (_____ minutes)

FALSE ALARM BOROUGH ORDINANCE 82-7

The ordinance states that residents and businesses are allowed up to three false alarms per calendar year. The 4th alarm will carry a \$20 fine, \$35 for the 5th and \$50 for each subsequent alarm.

If you have any questions contact P.O. Hubbard at 201-825-1900 or email shubbard@allendalepd.org. Chapter 82 can be viewed by going to the Borough's Website & clicking Borough Ordinances.

Department Use Only: Entered By: _____ Date: _____ Check# _____