EDISON TOWNSHIP POLICE DEPARTMENT
FALSE ALARM BILLING OFFICE

100 Municipal Boulevard, Edison, New Jersey 08817
Phone: (732) 248-7451 Fax: (732) 287-0268
FalseAlarmBilling@edisonpd.org

Registration of your Alarm System is required for compliance of the Code of Edison Township, **Chapter 11 – Alarm Systems Section 27.1 to 27.9. Registration required**. A complete copy of the ordinance may be picked up at the Township Clerk's Office located at the Edison Municipal Complex, or by accessing the Township's web page at www.edisonnj.org

Alarm Registration Terms: In accordance with the **Code of the Township of Edison, Chapter 11-27.1 to 27.9. Registration required**: all registration fees must be paid in full within **TEN (10) DAYS** of receipt of such notice. Failure to pay shall subject you to a summons being issued and an appearance required by you in Municipal Court. The court may assess a fine not to exceed one hundred dollars ($100), in addition to the registration fee. **Checks are made payable to Township of Edison or can be paid online https://payments.msbpay.com/EdisonPoliceDepartment_PoliceRecords/Landing**

Alarm System Registration Invoice - Amount Due: $20.00

This information is very important. Please print clearly or type your response.
All information is strictly confidential.

Resident's Name / Business Name	Telephone Number (Area Code – VERY IMPORTANT)	
Mailing Address		
City	State	Zip Code
Alarm Company Name and Address		
Telephone Number (Area Code – VERY IMPORTANT)		

Please see other page for Important Emergency Contact Information

EDISON TOWNSHIP POLICE DEPARTMENT
FALSE ALARM BILLING OFFICE
100 Municipal Boulevard, Edison, New Jersey 08817
Phone: (732) 248-7451 Fax: (732) 287-0268
FalseAlarmBilling@EDISONPD.ORG

Please Provide Emergency Contacts for your location. We will contact these people if we discover a problem at your home or business while investigating an alarm activation. If you are a business, we ask for at least **three** people who will have key access to your site. Please list people who are as close to your local site as possible to limit extensive response times.

Contact # 1

1.Name	2. Telephone Number (Area Code – VERY IMPORTANT)
3.Address	4.Has a Key? Yes:_____ No:_____

Contact # 2

1.Name	2. Telephone Number (Area Code – VERY IMPORTANT)
3.Address	4.Has a Key? Yes:_____ No:_____

Contact # 3

1.Name	2. Telephone Number (Area Code – VERY IMPORTANT)
3.Address	4.Has a Key? Yes:_____ No:_____

Contact # 4

1.Name	2. Telephone Number (Area Code – VERY IMPORTANT)
3.Address	4.Has a Key? Yes:_____ No:_____