

**Department of Public Safety
Bureau of Police
2400 Bethel Avenue
Pennsauken, New Jersey 08109**

The Following information is required by the Pennsauken Township Police Department in the an emergency should arise at your residence. Please fill in the below information and return to the **Records Division - Information Services & Technologies Unit** at the above address. Please maintain a copy of this form for future use and update information as needed. Thank You.

Resident's Name : _____
Address : _____ **Apt #** _____
Telephone : _____
Work Phone : _____ **Fax Number :** _____

Person(s) to contact in case of emergency. List Contacts in proper Order of Notification.

1. **Name :** _____ **Phone:** _____
2. **Name :** _____ **Phone:** _____
3. **Name :** _____ **Phone:** _____
4. **Name :** _____ **Phone:** _____
5. **Name :** _____ **Phone:** _____

Is Residence Alarmed ? **Circle Appropriate Answer :** **Burglar** **Fire** **Hold-Up** **Other**

Alarm Serviced / Monitored By : _____

Alarm Company Telephone Number . _____

Print Name : _____

Signature : _____

Date : _____

Records Use Only
Alarm #
Last Update -
Entered By :

Information requested is in accordance of Twp Ordinance 91-3(a) Alarm Systems.

If additional Information is to be provided please use a separate sheet of paper. Thank You for your cooperation.