



Edward Kasper
Chief

Oakland Police Department

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ALARM PERMIT REGISTRATION

Name: _____ Phone #: _____

Address: _____

Central Station: _____ Phone #: _____

Address: _____

Check all that apply: Burglar () Fire () Hold-up () Medical () Panic () Other _____
Outside Audible () Taped Message ()

Brand Name: _____ Serial #: _____

Location of Device: _____ Method of Operation: _____

Installer of System: _____ Phone # _____

Address: _____

False Alarm/Testing Procedures: _____

NOTIFICATION PARTIES IN ORDER OF CONTACT:

1. _____ Phone #: _____

2. _____ Phone #: _____

Applicants Signature: _____ Date: _____

**Check or Money Order made payable to Borough of Oakland for \$12.00
Registration Fee**

****In the event of any changes, submit written notification to the Records Bureau****