



Township of Springfield
COUNTY OF UNION
STATE OF NEW JERSEY
ESTABLISHED APRIL 14, 1794

SPRINGFIELD POLICE DEPARTMENT
RECORD BUREAU
PHONE (973)912-2239 FAX (973)564-6259

100 MOUNTAIN AVENUE
SPRINGFIELD, NJ 07081

Dear Alarm Registrant:

Effective January 1, 2013, as per Township Ordinance # 17-14, please be advised that the Township of Springfield requires an **annual \$15.00 registration** fee for all residential and commercial electronic alarm systems within the Township.

If you are not registered and/or have not paid your annual registration fee, complete the attached Alarm Registration Form and forward the completed form to the Springfield Police Department along with a \$15.00 Alarm Registration Fee. This will allow your alarm system to be registered in the Police Department's Alarm Registration System. Annual registration renewals should be submitted no later than January 15th of each year. Failure to register your alarm is considered to be a violation of the above Township Ordinance and may result in a summons being issued by the Police Department.

In our continuing efforts to go paperless, the Springfield Police Department will utilize email for Alarm Registration notices whenever possible. Registrants can assist the Department in these efforts by providing a current, clearly printed email address on the registration form. Please be aware that all future renewal letters and applications will be emailed whenever possible. Registration forms can also be found on our Township website: www.springfield-nj.us

The Springfield Police Department appreciates the efforts made by the citizens of Springfield to assist in crime prevention within the Township by utilizing alarm systems. To best protect and serve the community, police officers will respond to alarm activations. The instance of repeated accidental alarm activations results in the reduction of police services and availability to the community as a whole.

The Township will allow up to three (3) false alarm activations without penalty per calendar year. Effective January 1, 2013, in accordance with Springfield Township Ordinance # 17-18, the penalties for repeated accidental alarm activations are as follows:

4 to 6 activations - \$50.00 per occurrence

7 to 9 activations - \$75.00 per occurrence

10 or more activations - \$100.00 per occurrence

Unregistered alarm penalty - \$50.00

The above violations are billable offenses by the Springfield Police Department. In the case of a violation of the above ordinance, a bill with a summary of the offenses will be mailed to the address of the Alarm Registrant. Failure to remit payment of a bill within 30 days of issuance will result in the issuance of a summons requiring a mandatory appearance in the Springfield Township Municipal Court.

Please notify the Springfield Police Department Record Bureau with any changes or updates to your registration form information including; emergency contact information, alarm company name, or change of email address as soon as possible. Any questions, please contact the Springfield Police Department Record Bureau at (973) 912-2239 Monday through Friday between the hours of 8:00 am and 4:00 pm.



Township of Springfield
COUNTY OF UNION
STATE OF NEW JERSEY
ESTABLISHED APRIL 14, 1794

SPRINGFIELD POLICE DEPARTMENT
RECORDS BUREAU
PHONE (973)912-2239 FAX (973)564-6259

100 MOUNTAIN AVENUE
SPRINGFIELD, NJ 07081

APPLICATION FOR ALARM REGISTRATION

RESIDENT/BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE #: (____) _____ EMAIL ADDRESS: _____

IS THIS A NEW EMAIL ADDRESS? YES _____ NO _____

BILLING ADDRESS (IF DIFFERENT THAN ALARM REGISTRANT ADDRESS):

ALARM COMPANY: _____ TELEPHONE #: _____

REGISTRATION FEE: **\$15.00** PLEASE MAKE CHECKS PAYABLE TO: "THE TOWNSHIP OF SPRINGFIELD"

EMERGENCY CONTACT INFORMATION:

OWNER/MANAGER (IF BUSINESS)

CONTACT # 1

NAME: _____
HOME #: _____
WORK #: _____
CELL #: _____

NAME: _____
HOME #: _____
WORK #: _____
CELL #: _____

CONTACT # 2

CONTACT # 3

NAME: _____
HOME #: _____
WORK #: _____
CELL #: _____

NAME: _____
HOME #: _____
WORK #: _____
CELL #: _____

BY SIGNING BELOW THE APPLICANT AGREES TO THE FOLLOWING:

THE OWNER, IN CONSIDERATION OF PERMIT ISSUED TO CONNECT THE ALARM, GRANTED BY THE TOWNSHIP OF SPRINGFIELD, AGREES TO AND DOES HEREBY RELEASE THE TOWNSHIP FROM ANY AND ALL LIABILITY OR DAMAGES IN ANY WAY RESULTING FROM OR ARISING OUT OF OR CONNECTED WITH THE INSTALLATION, OPERATION OR MAINTENANCE OF THE ALARM SYSTEM BY ITS AGENTS, EMPLOYEES OR THE OWNER AND ITS ALARM CONTRACTOR.

APPLICANT'S SIGNATURE: _____ DATE: _____