



BERKELEY TOWNSHIP POLICE DEPARTMENT

TELEPHONE: 732-341-1132 EMERGENCY: DIAL 911



BUSINESS REGISTRATION FORM

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

IF IN A MALL OR PROFESSIONAL BUILDING: STORE# _____

SUITE# _____

BUSINESS PHONE (S) _____

OWNERS NAME (S) _____

OWNERS ADDRESS (S) _____

OWNERS HOME PHONE # (S) _____

OWNERS CELL PHONE # _____

PERSON TO CONTACT IN CASE OF EMERGENCY OR ALARM CONDITION

(LIST IN PREFERRED CALLING SEQUENCE)

- | | | |
|----------------|---------------|-------------|
| 1. NAME: _____ | PHONE # _____ | CELL# _____ |
| 2. NAME: _____ | PHONE # _____ | CELL# _____ |
| 3. NAME: _____ | PHONE # _____ | CELL# _____ |

ALARM COMPANY: _____

PHONE # _____

LIST ANY SPECIAL INSTRUCTION:

LIST ANY HAZARDOUS CHEMICALS AND LOCATIONS THEY ARE STORED

PLEASE ADVISE THE POLICE DEPARTMENT IMMEDIATELY OF ANY CHANGES

Completed forms can be brought to the Berkeley Township Police Department or mailed to:

Berkeley Township Police Department

P.O. BOX B

Bayville N.J. 08721