



Borough of Franklin Lakes

IN THE COUNTY OF BERGEN
STATE OF NEW JERSEY

ALARM SYSTEM REGULATIONS

1. All alarm systems must be registered with the Franklin Lakes Police Department annually on July 1st of each year, or upon the installation of a new system, or as a new owner or tenant of a residence/business possessing an alarm system.
2. Audible Alarm Systems: All audible alarms must be equipped to limit the sounding of the alarm to 15 minutes or less with an automatic reset. A copy of the Borough Ordinance concerning alarm systems is available upon request.
3. Accidental Alarm Activations or Tests: Upon receipt of your completed Alarm Registration form you will be given a cancellation code. ***This code is different than any code provided to you by your alarm system monitoring service. The police department will accept the cancellation code provided by this department ONLY.*** If you accidentally activate your alarm system, call the Franklin Lakes Police Department at (201) 891-3131 immediately after the activation and give your name, address and cancellation code number. Police response will be cancelled. If you wish to test your alarm, please telephone the police department prior to doing so and provide your name, address and cancellation code number. **NOTE: FOR YOUR PROTECTION, POLICE DEPARTMENT RESPONSE CAN ONLY BE CANCELLED UPON RECEIPT OF THE PROPER CANCELLATION CODE NUMBER.**
4. False Alarms: Due to the numerous false alarms received by the police department on a daily basis, Borough Ordinance 4-4 provides that for the first and second false alarm activations in any given calendar year, a warning may be issued. Summonses will be issued for the third and any subsequent false alarm activation. For details regarding penalties, you may call the Municipal Court Violations Bureau at (201) 891-5480. A warning or a summons may be issued for non-compliance with any of the above regulations.
5. Panic, Hold-Up, Silent, Duress or Medical Alarms: It is the policy of the Franklin Lakes Police Department to attempt to gain access to the home or business if a panic, hold-up, silent, duress or medical alarm is received and there is no response at the door. The first access attempt will be attempted with an emergency contact provided by the homeowner. If no contact is made, the next attempt will be by forcible entry through a door or window.

Telephone
(201) 891-3131
Fax# (201) 891-0967



Address
490 DeKorte Drive
Franklin Lakes, N.J. 07417

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ALARM SYSTEM DATA FORM

DATE: _____

PLEASE PRINT ALL INFORMATION

NAME: _____ PHONE NO. _____

ADDRESS: _____ CELL PHONE _____

EMAIL ADDRESS: _____

ALARM FUNCTIONS: BURGLAR FIRE HOLD UP PANIC MEDICAL
(CHECK ALL THAT APPLY) CARBON MONOXIDE OTHER: _____

IS THE ALARM SYSTEM AUDIBLE? _____ WHAT IS THE TIME DURATION? _____

In accordance with the Borough Ordinance, you must have a time-disconnect silencing provision for all audible alarms. If your system does not already have this provision, you must add it. The time duration for the audible must be 15 minutes or less.

ALARM / SECURITY COMPANY NAME: _____

ADDRESS: _____ PHONE: _____

List below the name, address and phone numbers of persons to contact in the event of an alarm activation or emergency and you are not available. It is advisable that persons listed have a key to your home and are familiar with your alarm system and codes. If that is not possible, it is recommended you leave a key to your home with the Police Department.:

1. NAME: _____ PHONE: _____

ADDRESS: _____

2. NAME: _____ PHONE: _____

ADDRESS: _____

3. NAME: _____ PHONE: _____

ADDRESS: _____

SPECIAL NEEDS PERSONS RESIDING IN RESIDENCE:

NAME: _____ LOCATION: _____

TYPE OF SPECIAL NEED _____

NOTE: PLEASE NOTIFY THE POLICE DEPARTMENT OF ANY CHANGES TO THE ABOVE INFORMATION, INCLUDING SPECIAL NEEDS.

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NOTICE TO FRANKLIN LAKES ALARM HOLDERS **DISCONNECT RELEASE FORM**

Dear Resident/Business Owner,

Please find below an authorization for homeowners/businesses with audible alarms. This authorization is required by Borough Ordinance enacted for the health and welfare of both you and your neighbors. Please complete the below section of this form and return with your Alarm System Data Form to the Franklin Lakes Police Department.

Thank-you for your cooperation.

(PRINT NAME) I, _____, hereby authorize the Franklin Lakes Police Department and the Franklin Lakes Fire Department to take whatever steps necessary, including the entering of my residence/business, to shut off my audible alarm where the alarm has been sounding unattended for more than 15 minutes.

Owner's Signature: _____

Address: _____

DATE: _____