

**Lower Township Police Department  
BUSINESS AND PUBLIC ESTABLISHMENT REGISTRATION**

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**Name of Business**

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**Address of Business**

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**City**

**State**

**Zip Code**

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**Telephone (General)**

**Telephone (Security)**

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**Owner's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Operator's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Keyholder No. 1: \_\_\_\_\_

Keyholder No. 2: \_\_\_\_\_

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Business Type: \_\_\_\_\_

Does business have alarm?  Yes

No

Is alarm registered?  Yes

No

*If alarm is not registered, please provide us with a completed alarm registration form*