



Richard D. Barber
CHIEF OF POLICE

TOWNSHIP OF GALLOWAY POLICE DEPARTMENT

300 E. JIMMIE LEEDS ROAD, GALLOWAY, N.J. 08205
Phone: (609) 652-3705 Fax: (609) 652-0667
www.gtpd.org



Galloway Township Property Registration Form

(Please fill in all known information)

Applicant's Name: _____ Title (owner, manager, etc): _____

Company Name: _____ Phone: _____ Date: _____
(if applicable)

Physical Address: _____

Mailing Address: _____

Property Type
(Please check one)

☐ Business

☐ Residential

☐ Buglar

Alarm Type
(Please check all appropriate)

☐ Fire

☐ Medical

☐ N/A

Emergency Contact List

(A minimum of three (3) local contacts must be listed)

1. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Cell: _____ Work: _____

2. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Cell: _____ Work: _____

3. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Cell: _____ Work: _____

Applicant's Signature: _____

Upon Completion Return Form To:

Galloway Township Police Department
C/O Records Bureau
300 E Jimmie Leeds Road
Galloway, NJ 08205

Department Use Only

Business/Place
Entry #: _____

Alarm Permit #: _____

Date Entered: _____

Entered By: _____