



TOWNSHIP OF WASHINGTON POLICE

DEPARTMENT OF PUBLIC SAFETY

350 HUDSON AVENUE, TOWNSHIP OF WASHINGTON, BERGEN COUNTY, NJ 07676

## **BURGLAR ALARM REGISTRATION APPLICATION**

(Please fill out both sides)

A.	Name of Homeowner or Business:		
	Address:		
	Telephone Number:	Email:	
	If over 65 years of age, submit date	e of birth	
B.	The alarm is for a:B O	Susiness	
C.	<ul> <li>Type of alarm (Check the type(s) of alarm system currently in operation):</li> <li>Direct Alarm: Comes to alarm panel at Police Headquarters</li> <li>Private Alarm: Your alarm signals a private agency that will then call Police</li> <li>Headquarters (see below).</li> <li>Dial Alarm: Automatic dialer that calls Police Headquarters when alarm is activated.</li> <li>Local Alarm: Outside bell or other device that sounds when the alarm is activated.</li> </ul>		
D.	Private Alarm Only (fill in this section only if your alarm company calls Police Headquarters when your alarm is activated): Name of alarm company:Address of alarm company: Telephone Number:		
E.	<ul><li>alarm is activated in your absence:</li><li>(1) Work Phone numbers (or home Resident's name:</li></ul>	e phone numbers for Businesses): Work Phone Number Work Phone Number	
	(2) Relative, Friend, and/or Neight Name:	Address: Phone Number:	
	Name:	Phone Number:	

F. Please list at least two persons who do not live in your home who are familiar with your alarm system and can be called as a key holder in the event that your alarm is activated during your absence. (Please list in order of preference in regard to who should be called first, second, etc.) (1) Name:

Address:				
Home Phone #	Work #	Cell #		
(2) Name:				
Home Phone #	Work #	Cell #		
(3) Name:				
Home Phone #	Work #	Cell #		
(4) Name:				
Address:				
Home Phone #	Work #	Cell #		
(5) Name:				
Address:				
	Work #	Cell #		

Please list any additional information that you feel that the Police Department may need.