



**TOWNSHIP OF WASHINGTON POLICE
DEPARTMENT OF PUBLIC SAFETY**

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

BURGLAR ALARM REGISTRATION APPLICATION

(PLEASE PRINT NEATLY ON BOTH SIDES)

A. Name of Homeowner or Business: _____

Address: _____

Telephone Number: _____ Email: _____

If over 65 years of age, submit date of birth _____

B. The alarm is for a: _____ Home
 _____ Business
 _____ Other (explain)

C. Type of alarm (Check the type(s) of alarm system currently in operation):
 _____ Direct Alarm: Comes to alarm panel at Police Headquarters
 _____ Private Alarm: Your alarm signals a private agency that will then call Police Headquarters (see below).
 _____ Dial Alarm: Automatic dialer that calls Police Headquarters when alarm is activated.
 _____ Local Alarm: Outside bell or other device that sounds when the alarm is activated.

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. Please list the names of the responsible persons who we should contact in the event that your alarm is activated in your absence:

(1) Work Phone numbers (or home phone numbers for Businesses):
 Resident's name: _____ Work Phone Number _____
 Resident's name: _____ Work Phone Number _____
 Resident's name: _____ Work Phone Number _____

(2) Relative, Friend, and/or Neighbor
 Name: _____ Address: _____
 Phone Number: _____
 Name: _____ Address: _____
 Phone Number: _____
 Name: _____ Address: _____
 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: _____
Address: _____
Home Phone # _____ Work # _____ Cell # _____

(3) Name: _____
Address: _____
Home Phone # _____ Work # _____ Cell # _____

(4) Name: _____
Address: _____
Home Phone # _____ Work # _____ Cell # _____

(5) Name: _____
Address: _____
Home Phone # _____ Work # _____ Cell # _____

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