



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 of Home/Business: _____

Telephone Number: _____ Email: _____

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

if not over 65 years of age please attach \$50.00 registration fee

☐ **CHECK BOX IF ALL INFORMATION IS SAME AS LAST YEAR.**

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

C. Alarm Company Info (fill in this section if your alarm company calls Police Headquarters when your alarm is activated):
Name of alarm company: _____
Telephone Number: _____

D. Please list **residents** who can be contacted in the event that your alarm is activated:
(1) Residents Name: _____ Phone Number: _____
(2) Residents Name: _____ Phone Number: _____
(3) Residents Name: _____ Phone Number: _____
(4) Residents Name: _____ Phone Number: _____

E. Please list at least two persons who **do not live in your home** who are familiar with your alarm system and can be called 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: _____
Phone Number: _____
Resides in Washington Township? Y / N
Key Holder? Y / N
Garage Access Code? Y / N

(2) Name: _____
Phone Number: _____
Resides in Washington Township? Y / N
Key Holder? Y / N

turn over →

Garage Access Code? Y / N

(3) Name: _____

Phone Number: _____

Resides in Washington Township? Y / N

Key Holder? Y / N

Garage Access Code? Y / N

(4) Name: _____

Phone Number: _____

Resides in Washington Township? Y / N

Key Holder? Y / N

Garage Access Code? Y / N

Please list any additional information that the Police Department may need (ex: medical history, pets, etc.)