

**WALLINGFORD POLICE DEPARTMENT**

Office Use Only

**ALARM REGISTRATION FORM**



THIS REGISTRATION IS:  A NEW REGISTRATION  AN UPDATE OF INFORMATION

**A. COMMERCIAL INFORMATION**

Business Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

(IF DIFFERENT FROM ABOVE)

Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email : \_\_\_\_\_



**B. RESIDENTIAL INFORMATION**

Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_ WALLINGFORD

Mailing Address: \_\_\_\_\_

(IF DIFFERENT FROM ABOVE)

Own  Rent  Lease

**C. EMERGENCY CONTACT INFORMATION (MINIMUM OF 3 PLEASE)**

1 NAME: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ HOME # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2 NAME: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ HOME # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3 NAME: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ HOME # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4 NAME: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ HOME # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**D. ALARM INFORMATION**

NAME OF ALARM COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_

Is there video surveillance on the premise ?  Yes  No

If yes what type of system: \_\_\_\_\_

**TYPE OF ALARM:**  BURGLARY  HOLD-UP/PANIC  FIRE  OTHER \_\_\_\_\_

**Are there any weapons at the alarmed premise ?**  Yes  No

**Are there any Dog(s) in the home ?**  Yes  No

**Please mail, email or fax this form to:**

Wallingford Police Department - Crime Prevention Division - 135 N Main St - Wallingford, CT 06492

Email: reports@wallingfordpd.org

Fax: 203-294-2874