

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)

Phone Number: (_____) _____ - _____ ☐ Own ☐ Rent ☐ Lease

C. EMERGENCY CONTACT INFORMATION

(MINIMUM OF 3 PLEASE - Yourself and 2 keyholders)

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 - 100 Barnes Rd - Wallingford, CT 06492

Email: reports@wallingfordpd.org

Fax: 203-294-2874