

WYCKOFF POLICE DEPARTMENT

SCOTT PLAZA

WYCKOFF, NEW JERSEY 07481

(201) 891-2121

Alarm Registration Forms

Police Department Code #: _____

| | | |
|--------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Dial Alarm | <input type="checkbox"/> Central Station | <input type="checkbox"/> Local |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | |
| <input type="checkbox"/> Burglar | <input type="checkbox"/> Fire | <input type="checkbox"/> Medical |
| | | <input type="checkbox"/> Panic |

| |
|------------------|
| Address: _____ |
| Telephone: _____ |

| |
|----------------------|
| Alarm Company: _____ |
| Telephone: _____ |

| |
|-----------------------|
| Owner's Name: _____ |
| Address: _____ |
| Telephone: _____ |
| Cell Phone: _____ |
| Business Phone: _____ |

In case of emergency, in order of priority, persons to contact for key:

| |
|-------------------|
| Name: _____ |
| Address: _____ |
| Telephone: _____ |
| Cell Phone: _____ |

| |
|-------------------|
| Name: _____ |
| Address: _____ |
| Telephone: _____ |
| Cell Phone: _____ |

| |
|-------------------|
| Name: _____ |
| Address: _____ |
| Telephone: _____ |
| Cell Phone: _____ |

The applicant acknowledges that he/she has received a copy of Township Ordinance #875, entitled, "An Ordinance to Provide for the Regulation and Control of the Installation, Operation and Maintenance of Private Alarm Systems in the Township of Wyckoff, County of Bergen, State of New Jersey". That the applicant has read and understands the Ordinance and that his/her attention has been called to Section 1 of the Ordinance, Paragraph 2, and that he/she understands, agrees and authorizes to the Wyckoff Police Department and/or Fire Department to take whatever action is necessary to shut off an audible alarm which has been sounding for more than 10 minutes as prescribed under Section 1-9.

Signature of Applicant: _____ Approved by: _____