



# ALARM REGISTRATION FORM

WOODBRIDGE POLICE DEPARTMENT  
1 Main Street  
Woodbridge, NJ 07095  
Phone (732) 726-2367 Fax (732) 726-2302

WPD Use Only  
  
\_\_\_\_\_  
Permit Number

Registration of your alarm system is required for compliance to Woodbridge Township Ordinance 4-19. Registration is required for all business and residential alarms. Complete and return this form to receive your alarm registration decal. Decals must be displayed on the alarmed property in a location clearly visible to responding agency personnel.

**Alarm System Location - User Information**

Business Name (if applicable): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Apartment or Suite Number: \_\_\_\_\_ Other Site Information: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Billing Information (if different from above)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Alarm Company**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Monitoring Company (If different from above)**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Emergency Contact Information**

Name	Relation	Phone	Alt. Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____