



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. _____	_____	_____	_____