

WYCKOFF POLICE DEPARTMENT
SCOTT PLAZA
WYCKOFF, NEW JERSEY 07481
(201) 891-2121
FAX (201) 891-2850

Alarm Registration Form

Burglar
 Fire
 Medical
 Panic

Police Dept. Code #: _____

Dial Alarm
 Central Station
 Local

Business
 Residential

Alarm Premises:

Phone: _____

Alarm Company:

Phone: _____

Emergency Numbers:

Owner's Name: _____

Address: _____

Phone: Home: _____

Business: _____

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

Name: _____

Address: _____

Phone: _____

Home: _____

Business: _____

Name: _____

Address: _____

Phone: _____

Home: _____

Business: _____

Name: _____
Address: _____
Phone: Home: _____ Business: _____

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 _____
Date: _____