



# WATERLOO REGIONAL POLICE SERVICE

## Alarm Registration Form

Please check appropriate box:

Residential

Commercial

### PART A: PREMISE INFORMATION

Alarmed Premise Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: (     ) \_\_\_\_\_

Premise ID #: \_\_\_\_\_

Mailing Address (If different than above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PART B: COMPANY INFORMATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: (     ) \_\_\_\_\_ Fax #: (     ) \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Telephone #: (     ) \_\_\_\_\_

### PART C: ALARMED PREMISE INFORMATION

Check all that apply:

Weapons on premises (Specify) \_\_\_\_\_

Firearms on premises (Specify) \_\_\_\_\_

Hazardous materials on premises (Specify) \_\_\_\_\_

Safe on premises \_\_\_\_\_

Guard on premises \_\_\_\_\_

Video / CCTV on premises \_\_\_\_\_

Watch dog on premises (Specify breed) \_\_\_\_\_

### CONTACT PERSON(S):

1. Name _____	Home Phone: (     ) _____	Work Phone: (     ) _____
2. Name _____	Home Phone: (     ) _____	Work Phone: (     ) _____
3. Name _____	Home Phone: (     ) _____	Work Phone: (     ) _____

Applicant's Name

Signature

Date

*Return application form and payment (cheque or money order) to:*

Alarm Coordinator  
 Waterloo Regional Police Service  
 200 Maple Grove Road  
 Cambridge, ON  
 N3H 5M1