



# 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