

WATCHUNG POLICE DEPARTMENT ALARM QUESTIONNAIRE

RESIDENT / BUSINESS NAME (CIRCLE ONE):	ADDRESS:
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SECTION "A" FOR RESIDENTIAL ALARMS ONLY

HOME TELEPHONE NUMBER:	CELLULAR PHONE NUMBER:	
WORK TELEPHONE NUMBER:	SPOUSES WORK TELEPHONE NUMBER:	
1. DO YOU HAVE AN AUDIBLE ALARM (BELL OR SIREN) WHICH SOUNDS WHEN THE ALARM IS ACTIVATED: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> YES NO </div>		
IN CASE OF EMERGENCY PLEASE PROVIDE THE NAMES AND TELEPHONE NUMBERS OF PERSONS THE WATCHUNG POLICE DEPARTMENT CAN CONTACT IN YOUR ABSENCE! NOTE: IF THE ANSWER TO QUESTION # 1 IS YES, YOU MUST PROVIDE THE NAMES AND TELEPHONE NUMBERS OF AT LEAST TWO PERSONS WHO CAN RESET THE ALARM IN YOUR ABSENCE!		
NAME:	ADDRESS:	PHONE NUMBER(S):
NAME:	ADDRESS:	PHONE NUMBER(S):
NAME:	ADDRESS:	PHONE NUMBER(S):

SECTION "B" FOR BUSINESS ALARMS ONLY

BUSINESS TELEPHONE NUMBER:		
MANAGERS NAME:	TOWN:	
MANAGERS HOME/CELLULAR/PAGER PHONE NUMBERS:		
LIST THE NAMES OF EMPLOYEES THAT WILL RESPOND IN CASE OF EMERGENCY, NAMES WILL BE CALLED IN THE ORDER LISTED!		
NAME:	TOWN:	PHONE NUMBER(S):
NAME:	TOWN:	PHONE NUMBER(S):
NAME:	TOWN:	PHONE NUMBER(S):

SECTION "C" ALARM COMPANY INFORMATION

ALARM COMPANY NAME:	
ADDRESS:	TELEPHONE NUMBER:

SECTION "D" MONITORING COMPANY INFORMATION IF DIFFERENT THEN ALARM COMPANY

MONITORING COMPANY NAME:	
ADDRESS:	TELEPHONE NUMBER: