

WALLINGFORD POLICE DEPARTMENT
EMERGENCY NOTIFICATION SERVICE
REGISTRATION FORM

OFFICE USE ONLY

THIS REGISTRATION IS: A NEW REGISTRATION AN UPDATE OF INFORMATION

A. COMMERCIAL INFORMATION

BUSINESS NAME _____ BUS. PHONE # _____
ADDRESS _____ FAX # _____
MAILING ADDRESS _____
(IF DIFFERENT FROM ABOVE) STREET TOWN ZIP

B. RESIDENTIAL INFORMATION

RESIDENT NAME _____ HOME PHONE # _____
ADDRESS _____ WALLINGFORD
MAILING ADDRESS _____
(IF DIFFERENT FROM ABOVE) STREET TOWN ZIP

C. EMERGENCY CONTACT INFORMATION (minimum of 3 please)

NAMES BELOW WILL BE CONTACTED IN ORDER LISTED

1. NAME _____ ADDRESS _____
TOWN, STATE, ZIP _____
HOME PHONE _____ BUS. PHONE _____
2. NAME _____ ADDRESS _____
TOWN, STATE, ZIP _____
HOME PHONE _____ BUS. PHONE _____
3. NAME _____ ADDRESS _____
TOWN, STATE, ZIP _____
HOME PHONE _____ BUS. PHONE _____
4. NAME _____ ADDRESS _____
TOWN, STATE, ZIP _____
HOME PHONE _____ BUS. PHONE _____

D. ALARM INFORMATION (if applicable)

NAME OF ALARM COMPANY _____
ADDRESS _____ PHONE _____
NAME OF ALARM MONITORING CO. _____
ADDRESS _____ PHONE _____
TYPE OF ALARM:
 BURGLARY HOLD-UP/PANIC FIRE OTHER SPECIFY _____

RETAIN YELLOW COPY AND RETURN WHITE COPY TO:

WALLINGFORD POLICE DEPARTMENT
CRIME PREVENTION DIVISION
135 NO. MAIN ST. • WALLINGFORD, CT 06492

REPORT CHANGES IMMEDIATELY – DIAL 294-2820