



# Wauwatosa Police Department

1700 N 116<sup>th</sup> St.  
Wauwatosa, WI 53226



## Alarm & Keyholder Information

**Please return this form with \$25.00 fee (Payable to Wauwatosa Police Dept) to the address above.**

<u>Alarm Location</u>	<u>Billing Information</u>
Wauwatosa Alarm Registration Number _____	<input type="checkbox"/> Check this box if billing address is the same as the alarm location.
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
PHONE _____	PHONE _____

Animals on premise? If yes, describe:  
\_\_\_\_\_

Any additional health/safety items to be noted? If yes, describe:  
\_\_\_\_\_

### Alarm Information

Alarm Company Name:	Alarm Company Phone #:
Alarm Company Address:	
Date of Installation:	

### Keyholder Information

Name: _____ (last) (first) (middle)		
Address: _____		
Home Phone:	Cell Phone:	

### Keyholder Information

Name: _____ (last) (first) (middle)		
Address: _____		
Home Phone:	Cell Phone:	

### Keyholder Information

Name: _____ (last) (first) (middle)		
Address: _____		
Home Phone:	Cell Phone:	

**Please use additional sheets to add more keyholders.**