

WINDSOR POLICE SERVICE

Application for Alarm Registration

alarms@windsorpolice.ca

Windsor Police Service P.O. Box 60 or 150 Goyeau St Windsor, Ontario N9A 6J5 (519) 255-6700 Ext. # 4457

REGISTRATION FEE \$24.00

REGISTRATION #

| PREMISE INFORMATION | | | | |
|---|---|---------------------------|------------------|--------------|
| COMPANY NAME (OR HOUSEHOLDER NAME IF RESIDENTIAL) | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| EMAIL ADDRESS | | | | |
| | | | | |
| ADDRESS OF PROTECTED PREMISES | | | | POSTAL CODE |
| ADDRESS OF PROTECTED PREIVISES | | | | POSTAL CODE |
| | T | | | |
| PHONE NUMBER | MAILING ADDRESS IF DIFFERENT THAN ABOVE | | | |
| | | | | |
| ALARM INFORMATION | | | | |
| MONITORING COMPANY NAME | | INSTALLATION COMPANY NAME | | |
| | | | | |
| | | | | |
| OTHER IMPORTANT INFORMATION | | | | |
| Exterior Video Surveillance Camera(s) | Front _ | Rear Side | Other (specify): | |
| ☐ Interior Video Surveillance Camera(s) Do any face outward towards the street, alley or side yards ☐YES ☐NO | | | | |
| Contact 1 (name & phone) to Obtain Access to Video | | | | |
| Contact 2 (name & phone) to Obtain Access to | Video | | | |
| Weapons/Firearms on Premises (specify): | | | | |
| Hazardous Materials on Location (specify): | | | | |
| Dog(s) or Exotic Pets (specify breed(s) & name) | | | | |
| KEY HOLDER INFORMATION | | | | |
| NAME | HOME # | | CELL # | OTHER# |
| | | | | |
| NAME | HOME # | | CELL # | OTHER # |
| | | | | |
| NAME | HOME # | | CELL # | OTHER # |
| | | | | |
| NAME | HOME # | | CELL # | OTHER # |
| | | | | |
| CERTIFICATION | | | | |
| A. Modifications to this information must be forwarded to the Alarm Coordinator within 15 days of the change. | | | | |
| B. It is the Alarm User's responsibility to ensure that a valid alarm registration exists. Failure to register including | | | | |
| payment of the appropriate fees will constitute the revocation / suspension of service as prescribed by sections 6 & 7 of | | | | |
| the Windsor Police Services Board FALSE ALARM REDUCTION BY-LAW. | | | | |
| I CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE" | | | | |
| | | | | |
| | | | | |
| APPLICANT'S NAME | APPLICANT'S SIGNATURE | | | DATE |
| | 1 .1 | | 1- 1 (1 (| 2 (2 . 4 . (|

The personal information on this form is being collected under the authority of the Municipal Freedom of Information & Protection of Privacy Act for the purpose of administering alarm responses, pursuant to the Windsor Police Services Board's False Alarm Reduction By-law & for other law enforcement purposes, where they are consistent with the Municipal Freedom of Information & Protection of Privacy Act. I understand & agree that the information contained herein will be provided, on my behalf, to the Windsor Police Service.