



Wauwatosa Police Department

1700 N 116th St.
Wauwatosa, WI 53226



Alarm & Keyholder Information

Please return this form with \$20.00 fee (Payable to City of Wauwatosa) 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.