



Capitola Police Department  
422 Capitola Avenue, Capitola, CA 95010 • 831.475.4242



**APPLICATION FOR SECURITY ALARM REGISTRATION**

This application is for an alarm located at a:  Business  Residence (Check only one)

Business or Resident's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Number and Street

Billing Address: \_\_\_\_\_  
Number and Street City Zip

Contact Persons: List a minimum of two people who can be contacted 24 hours a day in case of an alarm response by emergency personnel.

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**ALARM SYSTEM INFORMATION**

Alarm Type:  Audible Burglar  Silent Burglar  Robbery  Panic  Other: \_\_\_\_\_

Company Name: Company providing installation and/or maintenance of alarm system.

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City Zip

List, and give the location of any firearms, ammunition, guard dogs, explosives, flammable liquids, poisonous materials or any other hazardous materials that are on the property that is protected by this security alarm system. This information will only be used by emergency response personnel for safety purposes.

\_\_\_\_\_  
\_\_\_\_\_

READ AND SIGN: As the applicant, I certify that I have read a copy of Ordinance 5.14 of the Capitola Municipal Code and agree to the terms and conditions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CPD USE ONLY

Alarm Registration Number: \_\_\_\_\_ Mailed On: \_\_\_\_\_ By: \_\_\_\_\_