



**CITY OF FAIRFIELD**  
1000 Webster St.  
Fairfield, CA 94533

Account # \_\_\_\_\_

# Alarm Registration Form



**INSTRUCTIONS:** Print legibly or type. Complete all application items. Complete a separate application for each address to be permitted. Attach payment and return to the address shown at the bottom of this form

## 1 Alarmed Location

LastName _____		FirstName _____		email _____	
Occupant Name or Business Name _____					
Full Street Address _____				Suite/Apt# _____	
City _____	State _____	Zip _____	Home/Business Phone _____		Work/Cell Phone _____

## 2 Billing Address (If different than Alarmed Location)

LastName _____		FirstName _____		Home _____	
Name _____					
Full Street Address _____				Suite/Apt# _____	
City _____	State _____	Zip _____	Work _____		Cell _____
					email _____

## 3 Contact Names

Individual(s)/Keyholder able to respond to Alarm Site location

Contact 1		Home _____	
Name _____		Wk/Cell _____	
Contact 2		Home _____	
Name _____		Wk/Cell _____	
Contact 3		Home _____	
Name _____		Wk/Cell _____	

## 4 Additional Information

Special Conditions/ Hazards \_\_\_\_\_

## 5 Monitored By

Not Monitored

Alarm Company Name _____			Alarm Co Phone _____		
Street Address _____		City _____	State _____	Zip _____	

I understand that, in accordance with City Code 2006-09 Section 10C.5(b) and 10C.7(a), applicant is financially responsible for all charges and penalties specific in this section.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: If information provided in application changes, you must notify the Alarm Administrator within ten (10) working days.

City of Fairfield Police Department      Attn: Alarm Administrator      1000 Webster St.      Fairfield, CA 94533