

Print Form



Date _____

EXPIRES ONE YEAR FROM DATE
SUBMITTED

LAKE ELSINORE POLICE DEPARTMENT

TO ASSIST US IN CONTACTING YOU IN CASE OF AN EMERGENCY AT YOUR PLACE OF RESIDENCE, PLEASE
COMPLETE THE FOLLOWING AND RETURN TO:

CITY OF LAKE ELSINORE
ATTN: FINANCE DEPARTMENT
130 SOUTH MAIN STREET
LAKE ELSINORE, CA 92530

NAME OF OWNER _____

ADDRESS _____

ALARM (please check) NO YES **IF YES** AUDIBLE SILENT BOTH

ALARM COMPANY _____

EMERGENCY CONTACT (S)

NAME _____ PHONE NO. _____

NAME _____ PHONE NO. _____

NAME _____ PHONE NO. _____

PLEASE NOTE ANY SPECIAL INSTRUCTIONS (guard
dog, electric fences, harmful chemicals, flammable
materials, etc.)