

Permit # _____

LODI POLICE DEPARTMENT
ALARM PERMIT CONTACT INFORMATION UPDATE-2009

All information is confidential

Date _____

YOU ARE REQUIRED TO UPDATE YOUR CONTACT INFORMATION SHEET
ANNUALLY

Print all of the following information

Name of the Business or Residence: _____

Address of the Business or Residence: _____
_____ Zip Code: _____

Mailing Address, if different: _____

Phone: Business or Residence: _____

Emergency Contact List:

List 3 persons to be called locally in case of an emergency at your business/residence. They must be able to respond within 20 minutes with a code or key to provide police access to the facility.

	<u>Name</u>	<u>Day Phone</u>	<u>Evening Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Alarm Information:

Name of Alarm Company: _____

Phone # _____

Is your alarm system monitored by the Alarm Company? Yes _____ No _____

Return this form with \$25.00 to:

Lodi Police Department
Alarm Program
215 W Elm Street
Lodi, CA 95240
Fax: (209) 333-5520

For Information, please contact:

Lodi Police Department
False Alarm Reduction Program
(209) 333-5547