



# City of Pleasant Hill

Police Department  
330 Civic Drive  
Pleasant Hill, CA 94523

Permit # \_\_\_\_\_

## 2010 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**

Occupant Name or Business Name \_\_\_\_\_

Address \_\_\_\_\_ Suite/Apt# \_\_\_\_\_

City \_\_\_\_\_ Home Phone \_\_\_\_\_

**2 Responsible Party or Billing Address**

Name \_\_\_\_\_ Phn1 \_\_\_\_\_

Address \_\_\_\_\_ Phn2 \_\_\_\_\_

\_\_\_\_\_ Phn3 \_\_\_\_\_

\_\_\_\_\_ Phn4 \_\_\_\_\_

**3 Contact Names**

Contact 1 \_\_\_\_\_ Phn1 \_\_\_\_\_

Name \_\_\_\_\_ Phn2 \_\_\_\_\_

Contact 2 \_\_\_\_\_ Phn1 \_\_\_\_\_

Name \_\_\_\_\_ Phn2 \_\_\_\_\_

**4 Additional Information**

Date Installed/Activated \_\_\_\_\_  Automatic Reset  Silent  Exterior

Special Conditions/Pets \_\_\_\_\_  Audible  Motion  Interior

**5 Alarm Companies**  Not Monitored

Monitored By \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I understand that, in accordance with PHMC 9.20.110, 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. Please attach your check, made payable to the City of Pleasant Hill and mail or deliver with the original of this form to:

City of Pleasant Hill Police Department · 330 Civic Drive - Attn: Alarm Administrator · Pleasant Hill, CA 94523