



# ALARM REGISTRATION FORM

Please mail completed form and \$25.00 check to:

VACAVILLE POLICE ALARM ADMINISTRATOR  
660 MERCHANT ST., VACAVILLE, CA 95688

Vacaville PD Use Only

Permit Number

Expiration Date

For more information please visit our website: [www.cityofvacaville.com/departments/police](http://www.cityofvacaville.com/departments/police)

Installation Date: \_\_\_\_\_ Alarm Company Customer/Account Number: \_\_\_\_\_

Permit Type (check): Commercial ( ) Residential ( ) School District / Government ( )

### Alarm System User

Business Name (if applicable): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ (Circle): Mr. Mrs. Ms.

Home Number \_\_\_\_\_ Work Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ (Circle): Mr. Mrs. Ms.

Home Number \_\_\_\_\_ Work Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

### Site Information

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Suite: \_\_\_\_\_ Alarm Site Phone Numbers: Main Phone: \_\_\_\_\_ Alt Number: \_\_\_\_\_

### Billing Information (If different from above)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title (Circle): Mr. Mrs. Ms.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Alarm Company

Business Name and Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### Monitoring Company (If different from above)

Business Name and Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contact Information (One person per line)

<u>Name</u>	<u>Address</u>	<u>Home Phone</u>	<u>Cell. Phone</u>	<u>Date of Birth</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

### Hazards/Special Information/Officer Safety Information

Dogs ( ) Describe \_\_\_\_\_

Law Enforcement ( ) Agency \_\_\_\_\_

Weapons/Firearms ( ) Describe \_\_\_\_\_

Other Important Information \_\_\_\_\_

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