

APPLICATION FOR ALARM REGISTRATION

This application is for an alarm located at a: Business Residence (Please check one)

BUSINESS or RESIDENT'S NAME: _____

ADDRESS: _____

Mailing Address: _____ Phone: _____

PRIMARY PERSON who is responsible for maintenance/operation of the alarm if other than the listed alarm company.

NAME: _____ PHONE#: (____) _____

ADDRESS: _____
AND STREET CITY ZIPCODE

CONTACT PERSONS: List persons who can be contacted 24 hours a day in case of an alarm response by emergency personnel.

1. NAME: _____ PHONE#: (____) _____

ADDRESS: _____

2. NAME: _____ PHONE#: (____) _____

ADDRESS: _____

3. NAME: _____ PHONE#: (____) _____

ADDRESS: _____

ALARM SYSTEM INFORMATION
THIS INFORMATION IS REQUIRED BY ORDINANCE.

TYPE OF ALARM: Panic Robbery Burglary Fire

ALARM MONITORING COMPANY: _____

PHONE#: (____) _____ ADDRESS: _____

AND STREET CITY ZIPCODE

LIST, and give the location of, any firearms, ammunition, guard dogs, explosives, flammable liquids, poisonous materials or any other hazardous materials that are on the property that is protected by this security alarm system. This information will be used by emergency response personnel for safety purposes.

READ AND SIGN: As the applicant, I certify that I have read a copy of [Ordinance 9.58-City of Santa Cruz Municipal Code](#), which states in part, "Whenever any change occurs rendering the written information required by this section obsolete, the subscriber shall give written notice thereof to the Santa Cruz Police Dept. within 5 days after such change occurs." I understand this application is EFFECTIVE FOR ONE YEAR AND MUST BE RENEWED.

DATE: _____ APPLICANT SIGNATURE: _____

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SCPD DEPARTMENT USE ONLY

NEW APPLICATION ANNUAL RENEWAL SECOND REQUEST OTHER _____