



# ALARM REGISTRATION FORM

## Oakland Police Department

False Alarm Reduction Unit

455 7<sup>th</sup> Street, Room 313A

Oakland, CA 94607

Phone (510) 238-3525 Fax (510) 238-7193

OPD Use Only

Permit Number

Account Number

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

Permit Type (check):  Commercial (\$35)  Residential (\$25)  Senior Citizen Waiver\* (Age 65 and over)

Oakland Unified School District Property Waiver  Government Waiver (City, County, State & Federal Property)

\*Applicants requesting a senior citizen permit waiver must provide copies of official proof of age and primary residency (i.e. driver's license, utility bill, etc).

### Alarm System User

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Suite: \_\_\_\_\_ Other Alarm Site Information: \_\_\_\_\_

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

### Billing Information (If different from above)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

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

### Alarm Company

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

### Monitoring Company (If different from above)

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Information

Name	Relation	Phone	Alt. Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____