

TUOLUMNE COUNTY SHERIFF'S DEPARTMENT
ALARM REGISTRATION FORM

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Expiration dates

Boxes for County Use Only

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Location of alarm: _____
 Number / **Street** / **City** / **Zip**

Physical description of or to the property: _____

Potential Danger to Deputy: Electric Fence _____ Dog _____ Other _____

Owner/Manager: _____ Phone # at alarm site: _____

Business name (if applicable) _____

Mailing Address: _____

Contacts: These individuals will be notified by Dispatch if a false alarm goes off and there is no answer at the alarm site phone number. They will need to know the location and how to reset your alarm system. If you do not have any local contacts, you may want to contact your alarm company and ask them to respond on your behalf.

#1 _____ Phone: _____ Response Time: _____
 Name

#2 _____ Phone: _____ Response Time: _____
 Name

Alarm Information: Alarm Company: _____ Phone: _____

Deactivation of alarm: (check one) Automatic in _____ minutes
 Has to be manually reset

Type of alarm: (check one) Robbery Alarm: Human activated by panic button
 Burglary Alarm: Activated by motion, sound, vibration

Area of concern or special instructions: _____