

SAN LEANDRO POLICE DEPARTMENT



Alarm Program Emergency Information Form

Alarm Permit #: _____ Date: _____
(Office use only)

Name: _____ Telephone: _____
_____ Alternate Telephone: _____

Address: _____

City/State/Zip: _____

Billing Address: _____
(if different)

E-mail Address: _____

City of San Leandro Business License # _____ *(Where Applicable)*

Emergency Contacts:

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____

ALARM COMPANY NAME: _____ **TELEPHONE NUMBER:** _____

Please return completed form to:

San Leandro Police Department
Att: Alarm Administrator
901 East 14th Street, San Leandro CA 94577
Telephone: (510)577-3260