Capitola Police Department

422 Capitola Avenue, Capitola, CA 95010 • 831.475.4242

APPLICATION FOR SECURITY ALARM REGISTRATION

This application is for an alarm located at a: [ ] Business [ ] Residence (Check only one)

Business or Resident's Name: _____

Address: _____ Phone #: _____
Number and Street

Billing Address: _____
Number and Street City Zip

Contact Persons: List a minimum of two people who can be contacted 24 hours a day in case of an alarm response by emergency personnel.

1. Name: _____ Phone #: _____

Address: _____ Email Address: _____

2. Name: _____ Phone #: _____

Address: _____ Email Address: _____

3. Name: _____ Phone #: _____

Address: _____ Email Address: _____

ALARM SYSTEM INFORMATION

Alarm Type: [ ] Audible Burglar [ ] Silent Burglar [ ] Robbery [ ] Panic [ ] Other: _____

Company Name: Company providing installation and/or maintenance of alarm system.

Name: _____ Phone#: _____

Address: _____
Number and Street City Zip

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 only 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 5.14 of the Capitola Municipal Code and agree to the terms and conditions.

Applicant's Signature: _____ Date: _____

CPD USE ONLY

Alarm Registration Number: _____ Mailed On: _____ By: _____