



ALARM REGISTRATION FORM

Please mail completed form and \$25.00 check to:

VACAVILLE POLICE ALARM ADMINISTRATOR
660 MERCHANT ST., VACAVILLE, CA 95688

Vacaville PD Use Only

Permit Number

Expiration Date

For more information please visit our website: www.cityofvacaville.com/departments/police

Installation Date: _____ Alarm Company Customer/Account Number: _____

Permit Type (check): Commercial () Residential () School District / Government ()

Alarm System User

Business Name (if applicable): _____

First Name: _____ Last Name: _____ Birth Date: _____ Mr. Mrs. Ms.

Home Number _____ Work Number: _____ Cellular Number: _____

First Name: _____ Last Name: _____ Birth Date: _____ Mr. Mrs. Ms.

Home Number _____ Work Number: _____ Cellular Number: _____

Site Information

Address: _____ City: _____ State: _____ Zip Code: _____

Suite: _____ Alarm Site Phone Numbers: Main Phone: _____ Alt Number: _____

Billing Information (If different from above)

First Name: _____ Last Name: _____ Title: Mr. Mrs. Ms.

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Alt Phone: _____ Email: _____

Alarm Company

Business Name and Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Monitoring Company (If different from above)

Business Name and Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Emergency Contact Information (One person per line)

<u>Name</u>	<u>Address</u>	<u>Home Phone</u>	<u>Cell. Phone</u>	<u>Date of Birth</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Hazards/Special Information/Officer Safety Information

Dogs () Describe _____

Law Enforcement () Agency _____

Weapons/Firearms () Describe _____

Other Important Information _____

Signature _____ Date _____