

WATSONVILLE ALARM SYSTEM REGISTRATION

APPLICANT

Applicant Name: _____

Location Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Gate Code (if any): _____

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ALL APPLICANTS, PLEASE COMPLETE THE FOLLOWING

OTHER PERSONS WHO CAN BE CONTACTED, 24 HOURS A DAY, IN CASE OF AN ALARM
PLEASE LIST IN ORDER YOU WISH CONTACTED

1. Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

2. Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

3. Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

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ALARM INFORMATION

Alarm Company: _____ License #: _____

Address: _____

Phone: _____

Does Alarm Reset Automatically?: _____ If yes, after how long?: _____

Type of Alarm (Please Check One): Audible Silent

Location of any pets, guard dogs, firearms, ammunition, explosives, flammable liquids, poisonous materials or any other hazardous materials on the property to be protected by the security alarm system:

I hereby agree to maintain my alarm system in working order and abide by the stipulations as set forth in by the Municipal Code, Section 4—9.303

Applicant Signature: _____ **Date:** _____

Department Action: Application/Fees Received/Date: _____