

2017 ALARM SYSTEM REGISTRATION

Application is for alarm located at: Business ____ Residence ____

BUSINESS APPLICANT:

Business Name:	Phone:
Business Address:	
Mailing Address if different :	
Contact Person:	Phone:

RESIDENCE APPLICANT:

Resident Name(s):	
Residence Address:	Phone:
Mailing Address if different:	Cell Phone:
Place of Work:	Phone:

ALL APPLICANTS, PLEASE COMPLETE THE FOLLOWING:

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

NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:

ALARM INFORMATION:

ALARM COMPANY:	LICENSE NUMBER:
ADDRESS:	PHONE:
DOES ALARM RESET AUTOMATICALLY? NO ____ YES ____ IF YES, AFTER HOW LONG?	
REMOTE MONITORING LOCATION:	PHONE:
MAKE OF ALARM:	
TYPE OF ALARM: AUDIBLE ____ SILENT ____ AUDIBLE AND SILENT ____	

Location of any firearms, ammunition, guard dogs, 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 Ordinance 38.1 of the city of Scotts Valley.

APPLICANT SIGNATURE: _____ DATE: _____

 Department Action: Fees Received/Date: _____ Application Received/Date: _____

PLEASE INCLUDE THE \$31 (effective 07/03/2016) YEARLY FEE WITH THIS REGISTRATION FORM
