CITY OF SANTA CRUZ - POLICE DEPARTMENT
155 CENTER STREET SANTA CRUZ, CA 95060 (831) 420-5870

APPLICATION FOR ALARM REGISTRATION

This application is for an alarm located at a: ☐ Business ☐ Residence (Please check one)

BUSINESS or RESIDENT'S NAME:_____

ADDRESS:_____
AND STREET

_____ PHONE#: (831)_____
CITY ZIPCODE

PRIMARY PERSON who is responsible for maintenance/operation of the alarm if other than the listed alarm company.

NAME:_____ PHONE#: (____)_____

ADDRESS:_____
AND STREET CITY ZIPCODE

CONTACT PERSONS: List persons who can be contacted 24 hours a day in case of an alarm response by emergency personnel.

1. NAME: _____ PHONE#: (____)_____

   ADDRESS: _____

2. NAME: _____ PHONE#: (____)_____

   ADDRESS: _____

3. NAME: _____ PHONE#: (____)_____

   ADDRESS: _____

ALARM SYSTEM INFORMATION

THIS INFORMATION IS REQUIRED BY ORDINANCE.

TYPE OF ALARM: ☐ Audible/Panic ☐ Silent/Panic ☐ Duress ☐ Robbery

COMPANY NAME:
Provide the company providing installation and/or maintenance of alarm system: _____

PHONE#: (____)_____ ADDRESS:_____
AND STREET CITY ZIPCODE

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 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 9.58-City of Santa Cruz Municipal Code, which states in part, "Whenever any change occurs rendering the written information required by this section obsolete, the subscriber shall give written notice thereof to the Santa Cruz Police Dept. within 5 days after such change occurs." I understand this application is EFFECTIVE FOR ONE YEAR AND MUST BE RENEWED.

DATE: _____ APPLICANT SIGNATURE:_____

Please return the ORIGINAL (White) copy of this APPLICATION, with annual FEE, to SC Police Dept. by (date):_____

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SCPD DEPARTMENT USE ONLY

NEW APPLICATION [ ] ANNUAL RENEWAL [ ] SECOND REQUEST [ ] OTHER [ ]_____

WHITE/ORIGINAL= SCPD Dept. copy YELLOW = Customer/applicant copy PINK = Billing copy

SCPD 2150-018 PDRS-025 Rev. 9/95

LOCATION/ADDRESS_____