



APPLICATION FOR SECURITY ALARM REGISTRATION

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

BUSINESS or RESIDENT'S NAME: _____

ADDRESS: _____ PHONE: (____) _____
Number and Street

PRIMARY PERSON who is responsible for maintenance/operation of the alarm.

NAME: _____ PHONE: (____) _____

ADDRESS: _____
Number and Street City Zip Code

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

ALARM TYPE: [] Audible Burglar [] Silent Burglar [] Robbery [] Panic [] Other: _____

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

ADDRESS: _____ PHONE:(____) _____

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 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. I understand this application is effective for one year and must be renewed.

DATE: _____ APPLICANT'S SIGNATURE: _____

Please return the ORIGINAL (White) copy of this application to Capitola Police Department.

CPD USE ONLY

ALARM REGISTRATION NUMBER: _____

WHITE/ORIGINAL – CPD records YELLOW – Applicant copy