



ALARM REGISTRATION FORM

Oakland Police Department
 False Alarm Reduction Program
 455 7th Street, Room 712
 Oakland, CA 94607
 Phone (510) 238-3525 Fax (510) 238-7490

Alarm Company Account No.	Permit Number
Installation Date	OPD Account Number

Permit Type	<input type="checkbox"/> Commercial (\$35)	<input type="checkbox"/> Oakland Unified School District Property Waiver
	<input type="checkbox"/> Residential (\$25)	<input type="checkbox"/> Government Waiver
Registration Status	<input type="checkbox"/> New Installation	<input type="checkbox"/> Change of Alarm/Monitoring Service Provider
	<input type="checkbox"/> Permit Renewal	<input type="checkbox"/> System Deactivation/Cancellation (Signature Required)
		<input type="checkbox"/> Information Change

Alarm System User	Business Name	
First & Last Name		
Address, City, State, Zip Code		
Additional Alarm Site Information		
Primary Phone	Secondary Phone	

Billing Information	Business Name	
	<input type="checkbox"/> Same as above	
First & Last Name		
Address, City, State, Zip Code		
Additional Alarm Site Information		
Primary Phone	Secondary Phone	

Alarm Company	Business Name		
Contact Person			
Address, City, State, Zip Code			
Primary Phone	Secondary Phone	Fax	

Monitoring Company	Business Name		
	<input type="checkbox"/> Same as above		
Contact Person			
Address, City, State, Zip Code			
Primary Phone	Secondary Phone	Fax	

Emergency Contact	Name	Primary Phone	Secondary Phone
	Name	Primary Phone	Secondary Phone

I have carefully read the completed application and declare under penalty of perjury the foregoing is true and correct.

Signature _____ Printed Name _____ Date _____