

SANTA CRUZ COUNTY ALARM SYSTEM REGISTRATION

**SANTA CRUZ COUNTY SHERIFF-CORONER
ALARM REGISTRATION DESK**

5200 SOQUEL AVE
SANTA CRUZ, CA 95062
831-454-7603

Alarm Registration #
(new applications - please leave blank)

New Renewal

Application is for alarm located at: Business Residence

BUSINESS APPLICANT:

Business Name:		Business Phone #		Ext:	
Location Address:			Cell #		
Mailing Address (if different):			Gate Code:		
Contact Person:		Business Phone #		Ext:	
Home Phone #	Cell #	May we contact you via e-mail?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
E-mail Address:					

RESIDENCE APPLICANT:

Resident Name:		Business Phone #		Ext:	
Location Address:			Gate Code:		
Mailing Address (if different):					
Home Phone #	Cell #	May we contact you via e-mail?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
E-mail Address:					

ALL APPLICANTS, PLEASE COMPLETE THE FOLLOWING:

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

Name:		Address:			
Home Phone #	Cell #	Business Phone #		Ext:	
Name:		Address:			
Home Phone #	Cell #	Business Phone #		Ext:	
Name:		Address:			
Home Phone #	Cell #	Business Phone #		Ext:	

ALARM INFORMATION

Alarm Company:					
Address:				Phone #	
Does Alarm Reset Automatically?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, after how long?: _____	
Remote Monitoring Location:				Phone #	
Type of Alarm		Audible <input type="checkbox"/>	Silent <input type="checkbox"/>	Audible and Silent <input type="checkbox"/>	
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:					

Alarm Registration #

I hereby agree to maintain my alarm system in working order and abide by the stipulations as set forth in Ordinance #4730 of the County of Santa Cruz. A copy of ordinance #4730 can be found at www.scsheriff.com.

Initial Registration Fee - \$40.00
Annual Renewal Fee - \$26.00
Please make checks payable to:
Santa Cruz County Sheriff

APPLICANT SIGNATURE: _____ DATE: _____

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