

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: _____