CITY OF FAIRFIELD 1000 Webster St. Fairfield, CA 94533

Account #

Alarm Registration Form

THE

INSTRUCTIONS: Print legibly or type. Complete all application items. Complete a separate application for each address to be permitted. Attach payment and return to the address shown at the bottom of this form

1 Alarmed Location		
LastName FirstName	email	
Occupant Name or Business Name		
Full Street Address	5	Suite/Apt#
City State Zip	Home/Business Phone Wor	k/Cell Phone
2 Billing Address (If different than Alarmed Location)	Home	
LastName FirstName	Work	
Name	Cell	
Full Street Address	Suite/Apt#	
	email	
City State Zip		
3 Contact Names Individual(s)/Keyholder able to respond to Alarm Site location		
Contact 1	Home	
Name	Wk/Cel	1
Contact 2		
	Home	
Name	Wk/Ce	I
Contact 3	Home	2
Name	Wk/Ce	1
4 Additional Information		
Special Conditions/ Hazards		
5 Monitored By	Not Monitored	
Alarm Company Name		Alarm Co Phone
Street Address City	State Zip	

I understand that, in accordance with City Code 2006-09 Section 10C.5(b) and 10C.7(a), applicant is financially responsible for all charges and penalties specific in this section.

 Signature
 Date

 NOTE: If information provided in application changes, you must notify the Alarm Administrator within ten (10) working days.

City of Fairfield Police Department Attn: Alarm Administrator 1000 Webster St. Fairfield, CA 94533