

WATSONVILLE ALARM SYSTEM REGISTRATION

APPLICANT

Applicant Name: _____
Location Address: _____
Mailing Address: _____
Home Phone: _____ **Cell Phone:** _____
Business Phone: _____
Email: _____ **Email Contact Prefer?** _____
Gate Code: _____

ALL APPLICANTS, PLEASE COMPLETE THE FOLLOWING

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

1. Name: _____
Address: _____
Home Phone: _____ **Cell Phone:** _____
Business Phone: _____

2. Name: _____
Address: _____
Home Phone: _____ **Cell Phone:** _____
Business Phone: _____

3. Name: _____
Address: _____
Home Phone: _____ **Cell Phone:** _____
Business Phone: _____

ALARM INFORMATION

Alarm Company: _____ **License #:** _____
Address: _____
Phone: _____
Does Alarm Reset Automatically?: _____ **If yes, after how long?:** _____
Type of Alarm: _____
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: _____

I hereby agree to maintain my alarm system in working order and abide by the stipulations as set forth in by the Municipal Code, Section 4-9.303

Applicant Signature: _____ **Date:** _____

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