

City of Escondido
Alarm Registration Application

Per Ordinance No. 2004-12

All questions pertaining to the completion of this form should be directed to: (760) 839-4956

Highlighted fields must be completed:

Please check one: <input type="checkbox"/> Residence <input type="checkbox"/> Business (if checked, you must complete Business Owner section below)			
Alarm User Name: _____			
Alarm Address: _____			
Address	City	ZIP	
Alarm User Telephone Number: _____			
Home	Cell		
Mailing Name (if different): _____			
Mailing Address (if different): _____			
Address	City	ZIP	

Business Owner(s):

1.	_____		
2.	_____		
	Name	Address	City/State/ZIP
			Phone #

EMERGENCY INFORMATION: Please list three responsible parties who will respond to the alarm location within thirty (30) minutes of an alarm activation, if requested to do so. (For both commercial and residential applicants.) The applicant understands that it may be necessary, in the event of a break-in, for the affected building to be boarded up at the applicant's expense in those instances where a responsible party fails to respond to the location when requested to do so within 30 minutes of said request.				
1.	_____			
2.	_____			
3.	_____			
	Name	Address	City/State/ZIP	Home
				Cell

Alarm Monitoring Company Name: _____

Phone Number(s): 1. _____ 2. _____

Areas covered by alarm: _____

The following questions are voluntary and will assist in the appropriate response to your alarm:

Yes No Are there any pets at this location? If yes, are they located inside or outside? In Out

Yes No Are there any disabled persons residing at this location?

Yes No Is there also a Fire Alarm installed at this location?

- **To avoid false alarm charges, please insure that your alarm is properly maintained and that your family or employees are properly trained.**
- **Please DO NOT send payment at this time. The City will send you an invoice (\$15 per year).**

Please send completed form to: City of Escondido
Finance Department/Alarm Registrations
201 N. Broadway, Escondido, CA 92025
or fax to 760-746-0612.

Signature: _____ Date: _____

Official use only:	Premise ID: _____
Application reviewed by: _____	Customer Number: _____