



AZUSA POLICE DEPARTMENT

725 North Alameda Avenue * Azusa, California 91702
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www.ci.azusa.ca.us



ALARM REGISTRATION

Please answer all questions clearly and write check payable to the Azusa Police Department

Business New (\$26.00) Renewal (\$17.00)
Residence

Name of Business or Residence: _____

Address: _____ Suite or Apt.# _____

Mailing Address: _____
(If different from location. Including City and Zip Code)

Telephone #: (626) _____ and () _____

Type of business conducted: _____

E-mail address (optional): _____

EMERGENCY CONTACT AFTER HOURS

1. Name: _____ Telephone #: _____

2. Name: _____ Telephone #: _____

Special conditions/other information: _____

Alarm Company: _____ Telephone #: _____

Type of Alarm: Silent Burglary
 Audible Burglary
 Silent Robbery

I have received a copy of the Azusa City Ordinances pertaining to emergency alarm systems. I am aware of the penalties associated with false alarms and I fully understand that it is my responsibility to determine the cause of a false alarm and to remedy the problem to prevent further false alarms.

Business Owner/Applicant Name: _____

Drivers License # _____ Exp. Date: _____

Business License # _____ Exp. Date: _____

Signature: _____ Date: _____

For office use only		
Account # _____	Date: _____	Intl: _____