ORANGE POLICE DEPARTMENT
1107 N. Batavia St.
Orange, CA 92867
714-744-7501
Please remit form to address above or email to: chperez@orangepd.org

ALARM REGISTRATION FORM

ALARM LOCATION:

Number	Street	Unit/Suite	City	Zip Code

Location Type:

Residence: ☐ Single Family   ☐ Condo   ☐ Apartment ☐ Duplex
Business: ☐ Retail   ☐ School   ☐ Church   ☐ Bank   ☐ Construction ☐ City ☐ Federal ☐ Other

RESIDENCE ALARMS:

Responsible Party: _____

Primary Phone # [   ]_____ TYPE: _____ Other Phone #: [   ]_____ TYPE: _____

E-Mail: _____

Billing/Mailing Address (if different from location):

Number	Street	Unit	City	Zip Code

Alternate Contact/Roommate:_____

Primary Phone # [   ]_____ TYPE:_____ Secondary Phone #: [   ]_____ TYPE: _____

BUSINESS ALARMS:

Is this a business operated out of a residence? ☐ Yes   ☐ No

Business Name (as it appears on your store front):_____

Business Phone #:_____ Email Address:_____

Business Alias (another name your business is known as): _____

Billing/Mailing Address (if different than location):   **MAIL OR EMAIL PREFERRED**: _____

Number	Street	Unit	City	Zip Code

Emergency Contacts:_____

Primary Phone # [   ]_____ TYPE:_____ Other Phone #: [   ]_____ TYPE: _____

ALARM INFORMATION

Type of Alarm: ☐ Burglary/Panic   ☐ Holdup   ☐ Robbery   ☐ Fire   ☐ Audible   ☐ Silent

Alarm/Monitoring Company Name: _____

OBSTACLES OR HAZARDS

☐ Dog(s)   ☐ Chemicals   ☐ Firearm(s)   ☐ Explosives   ☐ Fenced Compound   ☐ Gate Code _____

PLEASE READ THE FOLLOWING AND SIGN

This is to certify that as the applying principal, my immediate family, tenants, or employees who have access to the protected premises have been given training which includes procedures and practices to follow in the event that the alarm system is accidentally activated. The police department response may be influenced by factors including, but not limited to, the availability of officers, priority calls, traffic conditions, emergency conditions and staffing levels. I have read and understood the Orange Municipal Code 9.04. - False Alarms.

_____
Signature: (Owner)   Date: