SANTA CRUZ COUNTY ALARM SYSTEM REGISTRATION

SANTA CRUZ COUNTY SHERIFF-CORONER
ALARM REGISTRATION DESK
5200 SOQUEL AVE
SANTA CRUZ, CA 95062
831-454-7603

Alarm Registration #

(new applications - please leave blank)

Type of registration (check all that apply):

Alarm ☐ Video ☐

New ☐ Renewal ☐

TYPE OF PROPERTY (check one): ☐ BUSINESS ☐ RESIDENCE

Resident(s) / Business Name:

Location Address: Gate Code:

Mailing Address (if different):

Contact Person:

Cell Phone # Home Phone # Business/Phone # Ext:

E-mail Address: May we contact you via e-mail? Yes ☐ No ☐

ALARM INFORMATION:

Alarm Company: Phone # Ext:

Address:

Does Alarm Reset Automatically? ☐ No ☐ Yes If yes, after how long?

Remote Monitoring Location: Type of Alarm: (check all that apply) Audible ☐ Silent ☐

Phone #

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:

AUTHORIZED CONTACTS:

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

Name: Address:

Home Phone # Cell # Business Phone # Ext:

Name: Address:

Home Phone # Cell # Business Phone # Ext:

Name: Address:

Home Phone # Cell # Business Phone # Ext:

Alarm Registration #

VIDEO SURVEILLANCE INFORMATION

Video Camera Surveillance Brand/Model:

Areas viewed by camera(s):

How are video recordings stored by your system? How long are they kept?

Additional information about your system:

I hereby agree to maintain my alarm system in working order and abide by the stipulations as set forth in Ordinance #4730 of the County of Santa Cruz. A copy of ordinance #4730 can be found at www.scsheriff.com.

Please make checks payable to:
Santa Cruz County Sheriff
Initial Registration Fee - $50.00
Annual Renewal Fee - $40.00
Video ONLY - FREE

APPLICANT SIGNATURE: DATE:

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