



# AZUSA POLICE DEPARTMENT

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## ALARM REGISTRATION

In order to assist you better, please answer all questions in this form.

Write check payable to the Azusa Police Department.

Business   New (\$25.00)  Renewal (\$16.00)  
Residence

Name of Business or Residence: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Include Suite or Apt. #)

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

Telephone #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of business conducted: \_\_\_\_\_ Business Hours: \_\_\_\_\_

### EMERGENCY CONTACT AFTER HOURS

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Special conditions/other information:

\_\_\_\_\_

Alarm Company: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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: \_\_\_\_\_