



# ALARM REGISTRATION FORM

Oakland Police Department  
 False Alarm Reduction Program  
 455 7th Street, Room 712  
 Oakland, CA 94607  
 Phone (510) 238-3525 Fax (510) 238-7490

Alarm Company Account No.	Permit Number
Installation Date	OPD Account Number

<b>Permit Type</b>	<input type="checkbox"/> Commercial (\$35)	<input type="checkbox"/> Oakland Unified School District Property Waiver
	<input type="checkbox"/> Residential (\$25)	<input type="checkbox"/> Government Waiver
<b>Registration Status</b>	<input type="checkbox"/> New Installation	<input type="checkbox"/> Change of Alarm/Monitoring Service Provider
	<input type="checkbox"/> Permit Renewal	<input type="checkbox"/> System Deactivation/Cancellation (Signature Required)
		<input type="checkbox"/> Information Change

<b>Alarm System User</b>	Business Name	
First & Last Name		
Address, City, State, Zip Code		
Additional Alarm Site Information		
Primary Phone	Secondary Phone	

<b>Billing Information</b>	Business Name	
	<input type="checkbox"/> Same as above	
First & Last Name		
Address, City, State, Zip Code		
Additional Alarm Site Information		
Primary Phone	Secondary Phone	

<b>Alarm Company</b>	Business Name	
	ALL-GUARD ALARM SYSTEMS, INC.	
Contact Person		
Address, City, State, Zip Code	23194 KIDDER STREET, HAYWARD, CA 94545	
Primary Phone	Secondary Phone	Fax
800.255.4273		800.230.1653

<b>Monitoring Company</b>	Business Name	
	<input checked="" type="checkbox"/> Same as above	
Contact Person		
Address, City, State, Zip Code		
Primary Phone	Secondary Phone	Fax

<b>Emergency Contact</b>	Name	Primary Phone	Secondary Phone
<b>Emergency Contact</b>	Name	Primary Phone	Secondary Phone

I have carefully read the completed application and declare under penalty of perjury the foregoing is true and correct.

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Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_