

# SAN LEANDRO POLICE DEPARTMENT



## Alarm Program Emergency Information Form

Alarm Permit #: \_\_\_\_\_ Date: \_\_\_\_\_  
(Office use only)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(if different)

E-mail Address: \_\_\_\_\_

City of San Leandro Business License # \_\_\_\_\_ (Where Applicable)

### Emergency Contacts: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

ALARM COMPANY NAME: ALL-GUARD ALARM SYSTEMS, INC. TELEPHONE NUMBER: 800.255.4273

Please return completed form to:

San Leandro Police Department  
Att: Alarm Administrator  
901 East 14th Street, San Leandro CA 94577  
Telephone: (510)577 -3260