Sausalito Police and Fire Alarm Response
APPLICATION FORM

Alarm Location _____ **Phone (____) _____ - _____**

Person responsible for paying fees

Name _____ **Phone (____) _____ - _____**

Address _____

Business Name _____ **Phone (____) _____ - _____**

Business Owner _____ **Phone (____) _____ - _____**

Resident _____ **Phone (____) _____ - _____**

Emergency Contact #1 _____ **Phone (____) _____ - _____**

Emergency Contact #2 _____ **Phone (____) _____ - _____**

Alarm Company ALL-GUARD ALARM SYSTEMS, INC. **Phone (** 800 **)** 255 **-** 4273

Alarm Details **(check all that apply)**

___ Burglar: ___Silent ___Audible ___Both

___ Armed Robbery: ___Silent ___Audible ___Both

___ Panic Button: ___Silent ___Audible ___Both location _____

___ Fire location _____

___ Smoke Detector location _____

___ Residential Sprinkler System

___ Other Alarm type _____

___ Alarm for perimeter only

___ Pets alone in residence quantity _____ type _____

Panel location _____

Additional information useful to Public Safety Responders:

Application Date _____

Received by _____