

# WATSONVILLE ALARM SYSTEM REGISTRATION

## APPLICANT

**Applicant Name:** \_\_\_\_\_  
**Location Address:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Business Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Email Contact Prefer?** \_\_\_\_\_  
**Gate Code:** \_\_\_\_\_

## ALL APPLICANTS, PLEASE COMPLETE THE FOLLOWING

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

**1. Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Business Phone:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Business Phone:** \_\_\_\_\_

**3. Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Business Phone:** \_\_\_\_\_

## ALARM INFORMATION

**Alarm Company:** ALL-GUARD ALARM SYSTEMS, INC. **License #:** AC0 676  
**Address:** 23194 KIDDER STREET, HAYWARD, CA 94545  
**Phone:** 800.255.4273  
**Does Alarm Reset Automatically?:** \_\_\_\_\_ **If yes, after how long?:** \_\_\_\_\_  
**Type of Alarm:** \_\_\_\_\_  
**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:** \_\_\_\_\_  
\_\_\_\_\_

I hereby agree to maintain my alarm system in working order and abide by the stipulations as set forth in by the Municipal Code, Section 4-9.303

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Action: Fees Received/Date:** \_\_\_\_\_ **Application Received/Date:** \_\_\_\_\_