



# Alarm Registration Form

Please mail completed form and \$28.00 check to:  
Winters Police Department  
Alarm Permits  
702 Main Street, Winters, CA. 95694

Winters PD Use Only	
Permit Number	<input type="text"/>
Expiration Date	<input type="text"/>

Permit Type (check): Commercial  Residential  School District/ Government

Installation Date:  Alarm Company Customer/ Account Number:

Alarm Site Address:

Main Phone Number:  Alternative Phone Number:

### Alarm System User

Business Name (if applicable):

Full Name:

Mailing address (if different from above):

**Billing address (if different from above):**

Main Phone Number:  Alternative Phone Number:

### Alarm System Information

Alarm Company Business Name:

Main Phone Number:

Monitoring Company Name (if different from above):

Main Phone Number:

### Emergency Contact Information

Full Name:

Address:

Main Phone Number:  Alternative Phone Number:

Full Name:

Address:

Main Phone Number:  Alternative Phone Number:

### Hazards/ Special Information/ Officer Safety Information

Number of animals on Premise:  Species/ Description:

**Other Information:**

### Signature

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