



ALARM REGISTRATION FORM

Oakland Police Department

False Alarm Reduction Unit

455 7th Street, Room 313A

Oakland, CA 94607

Phone (510) 238-3525 Fax (510) 238-7193

OPD Use Only

Permit Number

Account Number

Installation Date: _____ Alarm Company Customer Number: _____

Permit Type (check): Commercial (\$35) Residential (\$25) Senior Citizen Waiver* (Age 65 and over)

Oakland Unified School District Property Waiver Government Waiver (City, County, State & Federal Property)

*Applicants requesting a senior citizen permit waiver must provide copies of official proof of age and primary residency (i.e. driver's license, utility bill, etc).

Alarm System User

Business Name (if applicable): _____

First Name: _____ Last Name: _____ Title (check): Mr. Mrs. Ms.

Address: _____ City: _____ State: _____ ZipCode: _____

Suite: _____ Other Alarm Site Information: _____

Phone: _____ Alt: _____ Email: _____

Billing Information (If different from above)

First Name: _____ Last Name: _____ Title (check): Mr. Mrs. Ms.

Address: _____ City: _____ State: _____ ZipCode: _____

Phone: _____ Alt: _____ Email: _____

Alarm Company

Business Name: _____

Address: _____ City: _____ State: _____ ZipCode: _____

Phone: _____ Fax: _____ Contact Person: _____

Job Title: _____ Email: _____

Monitoring Company (If different from above)

Business Name: _____

Address: _____ City: _____ State: _____ ZipCode: _____

Phone: _____ Fax: _____ Contact Person: _____

Job Title: _____ Email: _____

Emergency Contact Information

Name	Relation	Phone	Alt. Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____