



CITY OF OCEANSIDE OCEANSIDE POLICE DEPARTMENT

3855 Mission Avenue Oceanside, CA 92058



RESIDENTIAL ALARM REGISTRATION FORM

Resident's Name: _____

Telephone: _____
Home Cell

Location: _____
Street Address Suite

City State Zip Code

Mailing Address: _____
(If different from above) Street Address Suite

City State Zip Code

ALARM COMPANY/MONITORING SERVICE INFORMATION

| Name | Address | Telephone |
|------|---------|-----------|
| | | |

Please return the completed registration form either by mail or in person to the Oceanside Police Department, Alarm Coordinator, Administration Division, 3855 Mission Avenue Oceanside, CA 92058

The City Council no longer requires an Alarm Users Permit Fee. Even though you do not need a permit, please supply your alarm information so that we may contact a responsible party in the event of an alarm activation. Please make any corrections and return in envelope provided.

Official Use Only

Application Reviewed By: _____ Registration Number: _____