

**City of Escondido**  
**Alarm Registration Application**

Per Ordinance No. 2004-12

All questions pertaining to the completion of this form should be directed to: (760) 839-4956

***Highlighted fields must be completed:***

Please check one: <input type="checkbox"/> Residence <input type="checkbox"/> Business (if checked, you must complete Business Owner section below)		
Alarm User Name: _____		
Alarm Address: _____		
Address	City	ZIP + 4
Alarm User Telephone Number: _____		
Mailing Name (if different): _____		
Mailing Address (if different): _____		
Address	City	ZIP + 4

Business Owner(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

Name	Address	City/State/ZIP + 4	Phone #
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<b>EMERGENCY INFORMATION:</b> Please list three responsible parties who will respond to the alarm location within thirty (30) minutes of an alarm activation, if requested to do so. <b>(For both commercial and residential applicants.)</b> The applicant understands that it may be necessary, in the event of a break-in, for the affected building to be boarded up at the applicant's expense in those instances where a responsible party fails to respond to the location when requested to do so within 30 minutes of said request.			
1. _____			
2. _____			
3. _____			
Name	Address	City/State/ZIP + 4	Phone #

**Alarm Monitoring Information:** Monitoring Company Name: \_\_\_\_\_

Phone Number(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Areas covered by alarm: \_\_\_\_\_

*The following questions are voluntary and will assist in the appropriate response to your alarm:*

Yes  No Are there any pets at this location? If yes, are they located inside or outside?  In  Out

Yes  No Are there any disabled persons residing at this location?

Yes  No Is there also a Fire Alarm installed at this location?

- **To avoid false alarm charges, please insure that your alarm is properly maintained and that your family or employees are properly trained.**
- **Please DO NOT send payment at this time. The City will send you an invoice (\$15 per year).**

**Please send completed form to:**    City of Escondido  
Finance Department/Alarm Registrations  
201 N. Broadway, Escondido, CA 92025  
or fax to 760-739-7076.

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

<b>Official use only:</b>	Premise ID: _____
Application reviewed by: _____	Customer Number: _____