

Oakland County Sheriff's Commercial Property Alarm Registration Form

CITY OF ROCHESTER HILLS ONLY

TITLE OF PERSON COMPLETING APPLICATION : _____ DATE: _____

NAME OF BUSINESS : _____

ADDRESS OF BUSINESS : _____ SUITE/APT# _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE # _____
(BUSINESS PHONE #) BUSINESS SIDWELL # 70-99-

NAME OF ALARM SYSTEM AT BUSINESS: _____

CENTRAL STATION MONITORED? YES NO

ALARM COMPANY PHONE FOR BUSINESS # : _____

APPLICANT IS: OWNER OF BUSINESS PROPERTY LEASING/TENANT OF BUSINESS PROPERTY*

OWNERS

***IF LEASING/TENANT OF YOUR BUSINESS - PROVIDE ADDITIONAL INFORMATION IN THIS AREA :**

PROPERTY OWNERS NAME : _____

ADDRESS: _____ SUITE/APT# _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE # _____
(RESIDENCE) (WORK) (CELL PHONE)

PROPERTY

PROVIDE TWO (2) CONTACTS IN THE EVENT YOU ARE UNAVAILABLE WHEN YOUR ALARM SYSTEM IS ACTIVATED:

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE # _____
(RESIDENCE) (WORK) (CELL PHONE)

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE # _____
(RESIDENCE) (WORK) (CELL PHONE)

COMMERCIAL