

Oakland County Sheriff's Residential Alarm Registration Form

FOR OFFICE USE ONLY:

CITY OF ROCHESTER HILLS ONLY

DATE: _____

APPLICANT NAME: _____

APPLICANT ADDRESS: _____ SUITE/APT# _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE # _____

(RESIDENCE)

(WORK)

(CELL PHONE)

APPLICANT IS: OWNER OF RESIDENCE

LEASING RESIDENCE*

***IF LEASING YOUR RESIDENCE - PROVIDE ADDITIONAL INFORMATION IN THIS AREA :**

RESIDENTS OWNERS NAME _____

ADDRESS: _____ SUITE/APT# _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE # _____

(RESIDENCE)

(WORK)

(CELL PHONE)

PROPERTY SIDWELL # 70-15- _____

NAME OF ALARM SYSTEM ON RESIDENCE : _____

CENTRAL STATION MONITORED? YES NO

ALARM COMPANY PHONE # : _____

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)

OWNERS

PROPERTY

RESIDENTIAL