

# SANTA CRUZ COUNTY ALARM SYSTEM REGISTRATION

**SANTA CRUZ COUNTY SHERIFF-CORONER**  
**ALARM REGISTRATION DESK**  
 5200 SOQUEL AVE  
 SANTA CRUZ, CA 95062  
 831-454-7603

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|--|
| <b>Alarm Registration #</b><br>(new applications - please leave blank) |
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Type of registration (check all that apply):

Alarm       Video   
 New       Renewal

|   |   |
|---|---|
| <b>TYPE OF PROPERTY (check one):</b> <input type="checkbox"/> <b>BUSINESS</b> <input type="checkbox"/> <b>RESIDENCE</b>   |   |
| Resident(s) / Business Name: _____  |   |
| Location Address: _____   | Gate Code: _____  |
| Mailing Address (if different): _____   |   |
| Contact Person: _____   |   |
| Cell Phone # (    )    -    Alternate Phone # (    )    -    Business/Phone # (    )    -    Ext: _____   |   |
| E-mail Address: _____   | May we contact you via e-mail?    Yes <input type="checkbox"/> No <input type="checkbox"/>                |
| <b>ALARM INFORMATION:</b>   |   |
| Alarm Company: _____  | Phone # (    )    -    Ext: _____   |
| Address: _____  |   |
| Does Alarm Reset Automatically?    No    Yes    If yes, after how long? _____   |   |
| Remote Monitoring Location: _____   | Type of Alarm: (check all that apply)    Audible <input type="checkbox"/> Silent <input type="checkbox"/> |
| Phone # (    )    -    _____  |   |
| Location of any pets, guard dogs, firearms, ammunition, explosives, flammable liquids, poisonous materials or any other hazardous materials on the property to be protected by the security alarm system: _____ |   |
| <b>AUTHORIZED CONTACTS:</b>   |   |
| OTHER PERSONS WHO CAN BE CONTACTED, 24 HOURS A DAY, IN CASE OF AN ALARM ACTIVATION<br>PLEASE LIST IN ORDER YOU WISH CONTACTED   |   |
| Name: _____   | Address: _____  |
| Home Phone # _____  | Cell # _____ Business Phone # _____ Ext: _____  |
| Name: _____   | Address: _____  |
| Home Phone # _____  | Cell # _____ Business Phone # _____ Ext: _____  |
| Name: _____   | Address: _____  |
| Home Phone # _____  | Cell # _____ Business Phone # _____ Ext: _____  |
| <b>VIDEO SURVEILLANCE INFORMATION</b>   |   |
| Video Camera Surveillance Brand/Model: _____  |   |
| Areas viewed by camera(s): _____  |   |
| How are video recordings stored by your system? _____   | How long are they kept? _____   |
| Additional information about your system: _____   |   |

**Alarm Registration #**

I hereby agree to maintain my alarm system in working order and abide by the stipulations as set forth in Ordinance #4730 of the County of Santa Cruz. A copy of ordinance #4730 can be found at [www.scsheriff.com](http://www.scsheriff.com).

**Please make checks payable to:**  
 Santa Cruz County Sheriff  
 Initial Registration Fee - \$40.00  
 Annual Renewal Fee - \$30.00  
 Video ONLY - FREE

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Department Action: Fees Received/Date: \_\_\_\_\_ Application Received/Date: \_\_\_\_\_