

ATHERTON POLICE DEPARTMENT REQUEST FOR DIGITAL ALARM INSTALLATION

THIS FORM MUST BE COMPLETED BEFORE ISSUING AN ACCOUNT NUMBER

RESIDENCE LOCATION INSTALLATION INFORMATION

Name	_____
Address	_____
Phone	_____

ALARM COMPANY INFORMATION

Alarm Company	_____	Address	_____
Phone	_____		_____
State License No.	_____		_____
Employee name requesting account number	_____		
Does alarm company currently have a valid Atherton business license	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does alarm company or resident have an electrical permit for this installation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ALARM INFORMATION

Type of Alarm	Type of Communicator	
<input type="checkbox"/> Silent	<input type="checkbox"/> Omegalarm 323-3080	<input type="checkbox"/> DCI 323-3080
<input type="checkbox"/> Audible	<input type="checkbox"/> Franklin 323-3080	<input type="checkbox"/> Sescoa 323-3080
<input type="checkbox"/> Silent and Audible	<input type="checkbox"/> Silent Knight 323-3778	<input type="checkbox"/> Ademco 323-3778

ALARM ZONES

To be supplied by the alarm company to the Atherton Police Department , IN WRITING
ALL ALARMS ARE CONTACT ID OR MODEM FORMAT NO EXCEPTIONS

EMPLOYEE ACTIONS

DISPATCHER NAME _____ DATE _____ ACCOUNT NUMBER ASSIGNED FROM BOOK _____
DISPATCHERS SIGNATURE INDICATING ABOVE INFORMATION LOGGED INTO CAD/MKMS and ALARM BOOK (IMMEDIATELY) _____

ATHERTON POLICE DEPARTMENT RESIDENT INFORMATION

NAME	_____	SPOUSE	_____
ADDRESS	_____		
PHONE NUMBER	_____	WORK NUMBER	_____
CELL NUMBER	_____	PAGER NUMBER	_____

RESPONSIBLE INFORMATION

NAME #1	_____	SPOUSE	_____
ADDRESS	_____		
HOME PHONE	_____	ALT NUMBER	_____
DOES THIS PERSON HAVE ACCESS TO YOUR HOME, AND ARE THEY WILLING TO RESPOND IN CASE OF AN EMERGENCY			
			<input type="checkbox"/> YES <input type="checkbox"/> NO

NAME #2	_____	SPOUSE	_____
ADDRESS	_____		
HOME PHONE	_____	ALT NUMBER	_____
DOES THIS PERSON HAVE ACCESS TO YOUR HOME, AND ARE THEY WILLING TO RESPOND IN CASE OF AN EMERGENCY			
			<input type="checkbox"/> YES <input type="checkbox"/> NO

NAME #3	_____	SPOUSE	_____
ADDRESS	_____		
HOME PHONE	_____	ALT NUMBER	_____
DOES THIS PERSON HAVE ACCESS TO YOUR HOME, AND ARE THEY WILLING TO RESPOND IN CASE OF AN EMERGENCY			
			<input type="checkbox"/> YES <input type="checkbox"/> NO

ALARM INFORMATION

ALARM CO	_____	PHONE NUMBER	_____
RESET CODE	_____	RESET TIME	_____
TURN OFF LOCATION	_____		
IS YOUR ALARM CONNECTED DIRECTLY TO THE POLICE			
			<input type="checkbox"/> YES <input type="checkbox"/> NO
ALARM ACCOUNT NUMBER	_____		

MISCELLANEOUS INFORMATION

DOGS ON PROPERTY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DOG NAMES	_____
ARE DOGS FRIENDLY	<input type="checkbox"/> YES	<input type="checkbox"/> NO		_____
NIGHT LIGHTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	LOCATION	_____
GUNS IN RESIDENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
IS THERE A KEY ON FILE AT THE ATHERTON POLICE DEPT				<input type="checkbox"/> YES <input type="checkbox"/> NO
GATE CODE (IF APPLICABLE)	_____			