

OAKLAND COUNTY SHERIFF'S OFFICE  
ALARM REGISTRATION

COMPLETE BOTH SIDES OF FORM

REGISTRATION # \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_ SUITE/APT # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TELEPHONE # ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Residence Work Alternate

\*\*\*\*\*FOR COMMERCIAL PROPERTY APPLICANTS\*\*\*\*\*

Title of Person Completing Application: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt # \_\_\_\_\_

Business ID# \_\_\_\_\_ Property Sidwell # 70-15 \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_  
(If Different from Applicant)

Mailing Address of Property Owner: \_\_\_\_\_ Suite/Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Residence Work Alternate

(For Out of State Owners) Resident Agent Name: \_\_\_\_\_

Name of Alarm System \_\_\_\_\_ Central Station Monitor? Yes \_\_\_\_\_ No \_\_\_\_\_

Alarm System Telephone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Alarm Installer State License # \_\_\_\_\_

\*\*\*\*\*FOR RESIDENTIAL PROPERTY OWNERS\*\*\*\*\*

Applicant is: Owner of Residence \_\_\_\_\_ Leasing Residence: \_\_\_\_\_

If leasing property provide: Name of Property Owner \_\_\_\_\_

Property Owner Address: \_\_\_\_\_ Suite/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Residence Work Alternate

Property Sidwell # 70-15- \_\_\_\_\_

Name of Alarm System \_\_\_\_\_ Central Station Monitor? Yes \_\_\_\_\_ No \_\_\_\_\_

Alarm System Telephone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Alarm Installer State License # \_\_\_\_\_

ALL APPLICATIONS MUST BE COMPLETED ON BOTH SIDES OF THE FORM AND SIGNED PRIOR TO SUBMISSION.  
COMPLETED FORMS CAN BE DROPPED OFF OR MAILED TO THE  
OAKLAND COUNTY SHERIFF'S OFFICE-PONTIAC SUBSTATION  
110 E. PIKE STREET  
PONTIAC, MI 48342  
ATTENTION: ALARM COMPLIANCE OFFICER

Please provide the contact information for person(s) we will contact in the event you are unavailable and your alarm system is activated.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Residence Work Alternate

Relationship to Property Owner: \_\_\_\_\_ Key to Building/Home: Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Residence Work Alternate

Relationship to Property Owner: \_\_\_\_\_ Key to Building/Home: Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Residence Work Alternate

Relationship to Property Owner: \_\_\_\_\_ Key to Building/Home: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner (If Applicable)

\_\_\_\_\_  
Date

.....  
**FOR OFFICE USE ONLY**

Registration # \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Date of Renewal: \_\_\_\_\_

Badge # & Initialed: \_\_\_\_\_

Initial Application or Renewal \_\_\_\_\_

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