

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-ROCHESTER HILLS SUBSTATION
750 BARCLAY CIRCLE,
ROCHESTER HILLS, MI 48307
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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