

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.
A \$5.00 Registration Fee is required. Please make checks payable to the City of Pontiac.
COMPLETED FORMS CAN BE DROPPED OFF OR MAILED TO:
OAKLAND COUNTY SHERIFF'S OFFICE-PONTIAC SUBSTATION
ATTENTION: ALARM COMPLIANCE OFFICER
110 E. PIKE STREET, PONTIAC, MI 48342

