

# OLMOS PARK

## Alarm System Information Sheet

Date Submitted: \_\_\_\_\_

### CONFIDENTIAL

### RESIDENT INFORMATION

Name of Business or Resident:	New Resident: Yes [ ] No [ ]	New Alarm: Yes [ ] No [ ]
Address at Alarm Location:	Phone Number at Alarm Location:	

### CONTACT INFORMATION

Name:	Phone Numbers: (1) (2)
Name:	Phone Numbers: (1) (2)

### SEND STATEMENTS TO: *( if different from alarm location )*

Name:	Phone:		
Address:	City:	State:	Zip:

### ALARM INFORMATION

Alarm Company:	Alarm Type: Burglar [ ] Fire [ ]
Phone:	Alarm Type: Silent [ ] Audible [ ]
Special Instruction: <i>(if any)</i>	

Return this form to City Hall as soon as possible.

NOTE: Per City Ordinance, there are charges associated with excessive false alarms.

If you have any questions, please contact City Hall at 824-3281

Please notify City Hall of any changes.

### FOR OFFICE USE ONLY

Account #	Posted:
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