

**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

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FOR OFFICE USE ONLY

Registration # _____

Date Application Received: _____

Date of Renewal: _____

Badge # & Initialed: _____

Initial Application or Renewal _____

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