

# Oakland County Sheriff's Residential Alarm Registration Form

FOR OFFICE USE ONLY:

**CITY OF ROCHESTER HILLS ONLY**

DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_  
(RESIDENCE) (WORK) (CELL PHONE)

APPLICANT IS: ☐ OWNER OF RESIDENCE ☐ LEASING RESIDENCE\*

**\*IF LEASING YOUR RESIDENCE - PROVIDE ADDITIONAL INFORMATION IN THIS AREA :**

RESIDENTS OWNERS NAME \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_  
(RESIDENCE) (WORK) (CELL PHONE)

PROPERTY SIDWELL # 70-15- \_\_\_\_\_

NAME OF ALARM SYSTEM ON RESIDENCE : \_\_\_\_\_

CENTRAL STATION MONITORED? ☐ YES ☐ NO

ALARM COMPANY PHONE # : \_\_\_\_\_

**PROVIDE TWO (2) CONTACTS IN THE EVENT YOU ARE UNAVAILABLE WHEN YOUR ALARM SYSTEM IS ACTIVATED:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_  
(RESIDENCE) (WORK) (CELL PHONE)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_  
(RESIDENCE) (WORK) (CELL PHONE)

OWNERS

PROPERTY

RESIDENTIAL