TUOLUMNE COUNTY SHERIFF'S DEPARTMENT
ALARM REGISTRATION FORM

Expiration dates **Boxes for County Use Only**

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Location of alarm:_____
Number / Street / City / Zip

Physical description of or to the property:_____

_____

Potential Danger to Deputy: Electric Fence_____Dog____Other_____

_____

Owner/Manager:_____Phone # at alarm site:_____

Business name (if applicable)_____

Mailing Address:_____

Contacts: These individuals will be notified by Dispatch if a false alarm goes off and there is no answer at the alarm site phone number. They will need to know the location and how to reset your alarm system. If you do not have any local contacts, you may want to contact your alarm company and ask them to respond on your behalf.

#1_____Phone:_____Response Time:_____
Name

#2_____Phone:_____Response Time:_____
Name

Alarm Information: Alarm Company:_____Phone:_____

Deactivation of alarm: (check one) ____Automatic in _____minutes
____Has to be manually reset

Type of alarm: (check one) ____Robbery Alarm: Human activated by panic button
____Burglary Alarm: Activated by motion, sound, vibration

Area of concern or special instructions:_____