

New Alarm Account Form

****FAX (951) 683-1639 ATTN: ALARMS****

Today's Date: _____

This form is mandatory for each new account and must be completed by the alarm subscriber and returned to the police department as soon as possible.

Questions regarding this form should be directed to UCR Police Dispatch at:
(951) 827-5223

Department Name:			
Location of Alarm:			
Billing Department (if different):			
FAU:		Transactor:	
Name of Person completing form:			Extension: _____

Responsible Persons <i>(List in order that you wish them to be called.)</i>			
Name	Campus Extension	Home Phone	Password
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			

Authorized Personnel <i>(Alphabetical order/Do not need to include Responsible Persons listed above)</i>	
Last Name, First Name	Password

CSID #: 0 _ _ _	Authorized Signature: _____
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