

San Anselmo Police Department Business Emergency/Residential Alarm

Please complete form as thoroughly as possible. All information obtained will better assist us in our responses. Please provide full names, address and any additional information that may be of assistance. You may return this form to the Department in person, by mail to 525 San Anselmo Ave., San Anselmo 94960, or by fax: 415-459-5074

Date Completed _____

Business Name: _____ Phone: _____
 Business Address: _____
 Business Hours: _____ Key at SAPD Yes ___ No ___

*Owners Name(s): _____
 *Home Phone: _____ Cell Phone: _____ Pager: _____
 *Owners Address: _____
 *Additional Owner Contact Information: _____
 *Email Home _____ Email Business _____

Responsible Party to be contacted in the event of an emergency (3 if possible)

Party #1 Name: _____ Relation? _____
 Home Phone: _____ Cell Phone: _____ Other: _____
 Address: _____
 Has a Key? _____ Additional Contact Info: _____

Party #2 Name: _____ Relation? _____
 Home Phone: _____ Cell Phone: _____ Other: _____
 Address: _____
 Has a Key? _____ Additional Contact Info: _____

Party #3 Name: _____ Relation? _____
 Home Phone: _____ Cell Phone: _____ Other: _____
 Address: _____
 Has a Key? _____ Additional Contact Info: _____

Party #4 Name: _____ Relation? _____
 Home Phone: _____ Cell Phone: _____ Other: _____
 Address: _____
 Has a Key? _____ Additional Contact Info: _____

Party #5 Name: _____ Relation? _____
 Home Phone: _____ Cell Phone: _____ Other: _____
 Address: _____
 Has a Key? _____ Additional Contact Info: _____

Alarm Information:

*Is the business alarmed: Yes () No () Is the alarm: Audible () Silent ()

- Name of Alarm Company: _____
- Phone Number: _____
- Alarm Type: Burglar (Audible) () Hold up / Panic (Silent) () Both ()
- Does Alarm have an automatic reset? Yes () No ()
- If "Yes" how long before alarm resets? _____

*Describe areas that are alarmed and the type of activation i.e., Infrared, pressure pads, magnetic switches etc.:

*Does the Police Department have a key - To Building: Yes () No () To Alarm: Yes () No ()

*How many exterior doors are there: Front _____ Rear _____ Side _____

* Are exterior doors alarmed? Yes _____ No _____ If "Yes" Which ones? _____

*Are interior doors alarmed? Yes _____ No _____ If "Yes" Which ones:

Exterior windows that open: Front () Side () Rear ()

Are there any skylights? Yes () No () Roof Access? Yes () No ()

If yes, briefly describe how to get to the roof: _____

*Note: The * next to certain portions of this form denotes information which is applicable to residential alarms. All information on this form is applicable to businesses.*

Additional Information :
