

Permit # _____

LODI POLICE DEPARTMENT
ALARM PERMIT CONTACT INFORMATION UPDATE – 2013

All information is confidential

Date _____

YOU ARE REQUIRED TO UPDATE YOUR CONTACT INFORMATION SHEET
ANNUALLY

Print all of the following information

Name of the Business **or** Residence: _____

Address of the Business **or** Residence: _____
_____ Zip Code: _____

Mailing Address, **if different**: _____

Phone: Business **or** Residence: _____

Emergency Contact List:

List 3 persons to be called **locally** in case of an emergency at your business **or** residence. They must be able to respond within **20 minutes** with a code or key to provide police access to the facility.

	<u>Name</u>	<u>Day Phone</u>	<u>Cell or Evening Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Alarm Information:

Name of monitoring alarm company: _____

Phone # of alarm company _____

Is your alarm system monitored by the alarm company? Yes _____ No _____

Return this form with \$25.00 to:

Lodi Police Department
Alarm Program
215 W Elm Street
Lodi, CA 95240
Fax: (209) 333-5520

For Information, please contact:

Lodi Police Department
False Alarm Reduction Program
(209) 333-5547