



HANFORD POLICE DEPARTMENT  
RESIDENTIAL BURGLAR ALARM REGISTRATION

(Alarm Registration is required by law HMC 8.04.050)

**REGISTRATION FEE - \$20.00**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER & ADDRESS WHERE USER CAN BE REACHED DURING DAYTIME: \_\_\_\_\_

TYPE OF ALARM SYSTEM USED:      AUDIBLE { }      SILENT { }      BOTH { }

ALARM LOCATION IN RESIDENCE: \_\_\_\_\_

LOCATION OF DEACTIVATOR: \_\_\_\_\_

TYPE OF DEACTIVATOR:      COMBINATION DEVICE { }      KEY { }      AUTOMATIC SHUTDOWN { }

DURATION OF ALARM BEFORE SHUTDOWN \_\_\_\_\_

NAME, ADDRESS, & PHONE NUMBER OF ALARM COMPANY \_\_\_\_\_

(The installer will be called at user's expense to deactivate alarm if there is no responsible person available and duration of audible alarm is longer than thirty (**30**) minutes.)

List at least two (**2**) persons to contact for your residence in case of an emergency or burglar alarm call. The contact person must be able to shutdown (deactivate) alarm. List contact persons in the order you wish them called if you are not available.

1. NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Return registration form and \$20 fee to:**

Hanford Police Department  
425 N. Irwin Street  
Hanford, CA 93230  
(559) 585-2540  
Fax (559) 585-0665