

SECURITY ALARM BILLING INFORMATION

Instructions: Upon approval of the Security Alarm System Survey Request and Authorization form, departments must submit this form to the Crime Prevention Unit, UCD Police Department. If you have any questions, contact the Crime Prevention Unit, phone 752-6589 or fax 752-3765.

NEW CHANGE

PD ALARM ACCOUNT NUMBER
(Existing Account only)

DATE

ALARM INFORMATION:

LOCATION OF ALARM - Building name, address, room number(s)

DEPARTMENT

BILLING INFORMATION - UNIVERSITY DEPARTMENTS:

LOC (1) DaFIS ACCOUNT (7) SUBACCOUNT (5) SUBOBJECT (4)

CONTACT PERSON*

TELEPHONE NUMBER

CONTACT PERSON* - email Address

AUTHORIZED DEPARTMENT SIGNATURE

PRINT SIGNATURE NAME

BILLING INFORMATION - NON-UNIVERSITY DEPARTMENTS:

COMPANY NAME

BILLING ADDRESS - STREET, CITY, STATE, ZIP CODE

CONTACT PERSON*

TELEPHONE NUMBER

MONITORING COMPANY

TELEPHONE NUMBER

**This person will receive all written security deficiency notices on false alarm activation's and monthly billing information.*