

SECURITY ALARM DISCONNECT REQUEST

Instructions: Copy this form as needed. Departments must submit this form before a security alarm can be deactivated. If you have any questions, contact the Crime Prevention Unit, UCD Police Department, 752-6589 or fax 752-3765.

ENTIRE PARTIAL TEMPORARY _____
DATE

ALARM ACCOUNT NUMBER
(Existing Account)

ZONE (If for Partial)

DATE OF DISCONNECT

LOCATION OF ALARM - Building name, address, room number

DEPARTMENT NAME

TELEPHONE NUMBER

AUTHORIZED DEPARTMENT SIGNATURE

PRINT SIGNATURE NAME

REASON FOR DISCONNECT REQUEST: _____

POLICE DEPARTMENT USE ONLY

AUTHORIZED SIGNATURES:

SECURITY SUBCOMMITTEE (FOR UCDCM ONLY)

DATE

UC DAVIS POLICE DEPARTMENT

DATE

UCD O&M ELECTRICAL-ALARM/UCDCM TELECOMMUNICATIONS

DATE