

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 754-8043.

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.*