

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 754-8043.

ENTIRE PARTIAL TEMPORARY _____
DATE

ALARM ACCOUNT NUMBER ZONE (If for Partial)
(Existing Account)

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