



**City of Mountain View False Alarm Abatement Program**

PO Box 742282 Los Angeles, CA 90074-2282

Phone: (877) 263-6025

<https://www.crywolfservices.com/mountainviewca>

Date Paid: _____
Payment Method: _____
Initials: _____

Residential \$20 Commercial \$80

New Permit  Renewal Permit

Account # \_\_\_\_\_

**Registration Form: Alarmed Location**

Name \_\_\_\_\_ eMail \_\_\_\_\_

Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Date of Installation of the Alarm System \_\_\_\_\_

**Responsible Party/ Mailing Address**

Name \_\_\_\_\_ eMail \_\_\_\_\_

Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_ Phone 4 \_\_\_\_\_

**Emergency Contact:** at least one contact must be able to respond within 45 minutes

# 1 Type:

Name \_\_\_\_\_ eMail \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_ Phone 4 \_\_\_\_\_

# 2 Type:

Name \_\_\_\_\_ eMail \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_ Phone 4 \_\_\_\_\_

**Monitored By**

**Use/Purpose of Alarm System:**

I have received a set of written operating instructions for the alarm system, including guidelines on how to avoid false alarms. I have read the completed application and know the same is true and correct.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_