



CITY OF OCEANSIDE OCEANSIDE POLICE DEPARTMENT

3855 Mission Avenue Oceanside, CA 92058



COMMERCIAL/BUSINESS ALARM REGISTRATION FORM

Business Name: _____

Telephone: _____

Location: _____

Street Address

Suite

City

State

Zip Code

Mailing

Address: _____

(If different from above)

Street Address

Suite

City

State

Zip Code

ALARM COMPANY/MONITORING

Name

Address

Telephone

BUSINESS OWNER(S) INFORMATION

BUSINESS LICENSE NUMBER: _____

Name

Address

Telephone

Name

Address

Telephone

Please return the completed registration form either by mail or in person to the Oceanside Police Department, Alarm Coordinator, Administration Division, 3855 Mission Avenue Oceanside, CA 92058

Official Use Only

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Application Reviewed By: _____ Registration Number: _____