

**ATHERTON POLICE DEPARTMENT
REQUEST FOR DIGITAL ALARM INSTALLATION
RESIDENCE LOCATION INSTALLATION INFORMATION**

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Initial Alarm Set up Fee \$100 to be paid by resident

ALARM COMPANY INFORMATION

ALARM COMPANY _____ ADDRESS _____

PHONE _____

STATE LICENSE # _____

EMPLOYEE NAME REQUESTING ACCOUNT NUMER _____

DOES ALARM CO. CURRENTLY HAVE A VALID ATHERTON BUSINESS LICENSE

YES

NO

ALARM INFORMATION

TYPE OF ALARM (check one) _____ Silent _____ Audible _____ Silent and Audible

Formats supported: Acron Superfast, Ademco Contact ID, Ademco Express, Ademco High Speed, Ademco Slow, CFSK Bell/V.21, FBI Superfast, Franklin/Sescoa, ITI, Radionics BFSK, Radionics Hex, Radionics Modem II, Radionics Modem IIe/ IIIa, ROBOFON, Scantronics Scancom, SERIEE FSK/DTMF, Sescoa Super Speed, SIA 8/20/300, SIA ADT, SIA V.21, Silent Knight Fact, Silent Knight FSK, Standard Pulse Formats, Sur-GARD DTMF, Telim, Veritech FSK.

Techs will need to connect to – 650-323-3080

ALARM ZONES

****TO BE SUPPLIED BY THE ALARM COMPANY TO THE
ATHERTON POLICE DEPARTMENT IN WRITING****

Employee Actions:

Dispatcher Name _____ Date _____ Acct. # assigned from Book _____

Confirm Initial Alarm Install \$100 fee has been paid. Notes and dates and amounts in RIMS

Above information logged into RIMS, MKMS and Alarm Book (Immediately) –

Dispatcher signature _____