

**SARATOGA FIRE DISTRICT
EARLY WARNING FIRE ALARM SYSTEM
SUBSCRIBER INFORMATION**

ACCOUNT NUMBER: _____ PASSWORD: _____

NAME: _____ ADDRESS: _____
CROSS STREET: _____ CITY: SARATOGA ZIP CODE: 95070
EMAIL ADDRESS _____ DATE: _____

OCCUPANT CALL-UP LIST

(please include any work #'s or other responsible persons for your address)

NAME PHONE NUMBER

1. Premises (Home)
2. _____
3. _____
4. _____
5. _____
6. _____

7. Dealer:

IF OCCUPANT IS NOT THE PROPERTY OWNER, PLEASE LIST OWNER INFORMATION:

NAME: _____ ADDRESS: _____
PHONE NUMBER: _____

BILLING FOR ALARM MONITORING, \$20.00 PER MONTH: (CHECK ONE)

OWNER: _____ OCCUPANT: _____

NUMBER OF OCCUPANTS:

____ ADULTS, ____ CHILDREN, ____ INFANTS

OCCUPIED DURING THE DAY [Y/N] _____

HAZARDOUS STORAGE INFORMATION: _____

SPECIAL INFORMATION:

USE SPECIAL INFORMATION TO LIST ANY PARTICULAR FAMILY MEDICAL CONDITIONS, ANY HIGH VALUE PROPERTY TO BE SALVAGED, GATE ACCESS CODES, OR OTHER PERTINENT DATA THE FIRE DEPARTMENT SHOULD KNOW ABOUT.

