



BAKERSFIELD FALSE ALARM RECOVERY PROGRAM



All correspondence MUST be addressed to:

Bakersfield FARP
PO Box 749899
Los Angeles, CA 90074-9899

LYLE D. MARTIN
Chief of Police

Please check one: Initial Registration - \$32 Renewal - \$15

Registration Form for Alarmed Location

Business / Name		Email (Optional)	
Address			
City	State	Zip Code	
Phone #1	Phone #2	Phone #3	Date of Alarm System Installation

Responsible Party / Mailing Address

Name		Email (Optional)	
Address			
City	State	Zip Code	
Phone #1	Phone #2	Phone #3	Phone #4

Emergency Contact: At least one contact must be able to respond within 20 minutes, Per BMC 5.08.150 (A)(4)

Contact #1:

Name		Email	
Phone #1	Phone #2	Phone #3	Phone #4

Contact #2:

Name		Email	
Phone #1	Phone #2	Phone #3	Phone #4

Monitored By:

Name	Phone #1	Phone #2
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I do here by solemnly swear that the above listed information is correct to the best of my knowledge.

Printed Name	Signature	Date Signed
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<p>Make all checks payable to: BAKERSFIELD FARP Remit payment to: PO BOX 749899 LOS ANGELES, CA 90074-9899</p>	<p>For further information call: (877) 665-2984</p>
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