SECURITY ALARM CONTACT INFORMATION

Instructions: Departments must submit this form before a security alarm can be activated. If you have any questions, contact the Crime Prevention Unit, UCI Police Department at (949) 824-5223 or FAX (949) 824-0150.

New	Updated				
		Alarm A	ccount# (Existing a	accounts only)	Department Name
Site Abort Code		c	Site abort codes may be shared by department staff for use in the event of a false alarm. Please limit your code to 10 alphanumeric characters including spaces, if any. NOTE: Individual abort codes can be given for your emergency contacts listed		
Cita Diagram Number		_	elow as an a	lternative, or an add	ition to, providing a Site Abort Code. If you
Site Phone Num	ber	a	o not wish to	nave a Site Abort Co	ode, please type "NA" in the field above.
Emergency Contact Call List			A minimum of 3 emergency contacts must be provided for any alarm account. No more than 4 emergency contacts are allowed.		
Name of Contac	ct #1			Individual Abort Co	ode
Work Phone Home Phone		2	Cell Phone		
Name of Contac	ct #2			Individual Abort Co	ode
Work Phone	ork Phone Home Phone		2	Cell Phone	
Name of Contac	ct #3			Individual Abort Co	ode
Work Phone Home Phone		2	Cell Phone		
Name of Contact #4 (Optional)				Individual Abort Co	ode
Work Phone Home Phone			<u> </u>	Cell Phone	
Authorized Department Signature				Date	
Printed Name				Phone	