

EXHIBIT A

**UCSD POLICE DEPARTMENT
SECURITY ALARM INFORMATION SHEET**

ALARM #:		PANEL TYPE:	DATE:
LOCATION:			
LOCATION'S PHONE EXT:		DEPARTMENT:	
MAIL CODE:		INDEX #:	
CONTACT PERSON:		EXTENSION:	
ALARM CO.:		ALARM CO. PHONE #:	
TYPE OF VALUABLE ITEMS IN PROTECTED AREA:			
IS ALARM CONTROLLED BY OCCUPANTS? ____ Yes ____ No			
NORMAL HOURS OF OCCUPANCY: MONDAY-FRIDAY:			
SATURDAY:		SUNDAY:	IRREGULAR
NOTES:			
RESET CODE:		KEY #:	TAG #:
RESET LOCATION:			
RESET PROCEDURE:			
PLEASE SPECIFY – BURGLARY OR PANIC/HOLD-UP ALARM:			
TYPE OF SENSOR		ZONE NUMBER	LOCATION
IS ALARM AUDIBLE? ____ Y ____ N		IS GLASS BREAKAGE SENSED? ____ Y ____ N	
NUMBER OF DOORS INTO AREA:		NUMBER OF WINDOWS INTO AREA:	
LOCKS ON ALL DOORS? ____ Y ____ N		LOCKS ON ALL WINDOWS? ____ Y ____ N	
HAZARDS TO PERSONNEL ENTERING AREA:			