



Initial Application Fee: \$25.00

RESIDENTIAL ALARM PERMIT APPLICATION

RESIDENT INFORMATION					
Name:					
Home Address:		Apt / Spc #			
City / State / Zip:					
Mailing Address:		Apt / Spc #			
City / State / Zip:					
Phone #		Fax #		Email:	
IF RENTING OR LEASING – THIS SECTION IS REQUIRED					
Property Owner Name:					
Address:		Apt / Spc #			
City / State / Zip:					
Phone #		Fax #		Email:	
ALARM COMPANY INFORMATION					
Alarm Company Name:					
Alarm Company Address:		Bldg / Suite #			
City / State / Zip:					
Phone #		Fax #		Email:	
TYPE OF ALARM SYSTEM					
Robbery:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Burglary:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ALARM SOUNDS					
Alarm Company	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Business:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EMERGENCY CONTACT INFORMATION					
(Please provide the name of 3 persons who are capable of promptly responding during an alarm event)					
EMERGENCY NOTIFICATION CHANGES: 760-255-5138					
1.	Name:			Phone #	
2.	Name:			Phone #	
3.	Name:			Phone #	
APPLICANT INFORMATION					
Applicant's Signature		Applicant's Printed Name		Applicant's Phone #	
OFFICE USE ONLY					
Date Received By Staff:				Date Forwarded to BPD:	