

Return To:
CITY OF SACRAMENTO
POLICE ALARM UNIT
5770 FREEPORT BL #100
SACRAMENTO 95822-3516

ALARM PERMIT APPLICATION



(916) 433-0702

\$40 FEE FOR 3 YEAR PERMIT

PERMIT NO. _____ LOCATION OF ALARM: BUSINESS RESIDENCE

FIRM NAME (IF BUSINESS): _____

OWNER (IF RESIDENCE): _____
LAST NAME FIRST NAME MI

ADDRESS: _____
NUMBER STREET APARTMENT/SUITE

SACRAMENTO _____
CITY ZIP PHONE NUMBER

TYPE OF ALARM: ARMED ROBBERY
BURGLARY - CHECK TYPE: 1 MONITORED 2 MONITORED RINGER 3 RINGER

BUSINESSES ONLY

NORMAL BUSINESS HOURS: OPEN FROM: _____ AM/PM TO: _____ AM/PM

Please check each day the business is normally open:

MON TUE WED THURS FRI SAT

EMERGENCY CALL LIST: *List persons to be contacted in case of an alarm emergency.*

FIRST CONTACT: _____
LAST NAME FIRST NAME MI PHONE NUMBER

SECOND CONTACT: _____
LAST NAME FIRST NAME MI PHONE NUMBER

THIRD CONTACT: _____
LAST NAME FIRST NAME MI PHONE NUMBER

ALARM INFORMATION

ALARM COMPANY _____
NAME CITY STATE PHONE NUMBER

YOUR MAILING ADDRESS (If different firm or owner above)

NAME: _____

ADDRESS: _____

CITY: _____

ATTENTION: _____

SIGNATURE OF APPLICANT DATE

: FOR CITY USE ONLY:

PERMIT: NEW
TRANSFER

DATE RECEIVED: _____

AMOUNT RECEIVED: _____