

**Alameda County Sheriff's Office
Eden Township Substation
15001 Foothill Boulevard, San Leandro, CA 94578
(510) 667-4423**

Alarm User Permit Application

(One permit application required for each alarm site)

*5202+

New Permit Application Renewal Application Permit Number _____

Alarm Location Address _____ Apt/Suite/Bldg _____

City _____ Zip _____ Phone number at this location _____

Residential Commercial Senior Citizen Waiver Type: Burglary Holdup Panic Audible Other _____
(Age 65 or older)

Resident or Business Name _____ Business License No. _____
(Should be the same name the alarm company uses for dispatch)

List emergency contacts that will respond to an alarm activation to assist the Sheriff's Office in determining the cause of the alarm, secure the premises, or reset the alarm system:

Name/Title	Day Phone	Evening Phone	Cell Phone or Pager

Name/Title	Day Phone	Evening Phone	Cell Phone or Pager

Name/Title	Day Phone	Evening Phone	Cell Phone or Pager

Billing Address (if different from alarm location):

Address _____ City _____ State _____ Zip Code _____

Attention _____ Phone Number _____ Fax Number _____

Alarm Company _____ Phone Number _____

Monitoring Company (if applicable) _____ Phone Number _____

Date alarm was installed, or date you assumed use of the alarm system _____

Was a set of alarm system operating instructions provided to you? ____ Yes ____ No

Was an Alameda County False Alarm Ordinance brochure provided to you? ____ Yes ____ No

Were you trained in the proper use of this alarm system? ____ Yes ____ No

Special Premises Information (dogs, weapons, hazardous materials present) _____

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An alarm permit shall not be transferable in name, ownership, or location. Permit holder must inform the Sheriff's Office of any changes of information listed on the alarm permit application within fifteen (15) business days. Information contained in this application shall be confidential and restricted for use only by authorized County representatives. I certify that all statements are true to the best of my knowledge.

Authorized Signature	Print Name/Title	Date

Please mail application and \$35.00 registration fee (check or money order only). DO NOT SEND CASH. Make payable to the Alameda County Sheriff's Office. Mail to: Alameda County Sheriff's Office – Attention: Alarm User Permit Application – 15001 Foothill Boulevard, San Leandro, CA 94578. (A \$25.00 service charge will be assessed on checks returned by the bank).

Please enclose a self-addressed stamped business envelope for return of your application copy and permit sticker. Your permit sticker must be affixed on or directly adjacent to the main door of the alarmed premises, and be visible to the outside.

FOR OFFICIAL USE ONLY	
Permit Number _____	Date Issued _____