

CITY OF ANTIOCH
ALARM PERMIT APPLICATION

(MAIL WITH \$30 FEE TO: CITY OF ANTIOCH, ATTN: FINANCE DEPT, P.O. BOX 5007, ANTIOCH, CA 94531-5007)

ALARM LOCATION INFORMATION

Resident / Business Name:	
Alarm Address:	
Premise Phone:	

ALARM COMPANY INFORMATION

Alarm Company Name:	
Alarm Company Address:	
Alarm Company Phone:	

APPLICANT INFORMATION (if different than above)

Applicant Name:	
Applicant Mailing Address:	
Applicant Phone(s)	

EMERGENCY RESPONSE CONTACTS: *Note: You must list at least 2 emergency contacts capable of responding within 30 minutes to the alarm location, if requested.*

	NAME	ADDRESS/CITY	PHONE
1.			
2.			
3.			
4.			

APPLICANT'S SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY (Alarm Use Permit - Account Code: 100-3110-46315)
Application Approved <input type="checkbox"/> Denied <input type="checkbox"/>
By: _____
Date: _____ PERMIT #