

**BURLINGAME POLICE DEPARTMENT
ALARM PERMIT APPLICATION AND EMERGENCY CONTACT LIST**

Alarm Address:		Business <input type="checkbox"/>	Residence <input type="checkbox"/>
Business Name: (If Applicable)		Owner Name:	
Business Phone:		Owner Address:	
		Owner Phone:	
Mailing Address:			

EMERGENCY CONTACTS

Contact Name	Title or Relationship	Address	Phone	Response Time in Minutes

ALARM INFORMATION

Type	Company	Address	Phone

MISCELLANEOUS

Adjacent Buildings:
Fire Escape:
Hazards (Animals, Etc.)

PAYMENT INFORMATION

Date Paid:	Amount:	Check #:
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