



CITY OF EL CAJON
Security Alarm Permit
NO FEE APPLICATION

RETURN THIS FORM TO:

Alarm Clerk
El Cajon Police Department
100 Fletcher Parkway
El Cajon, CA 92020-2593

Section 5.84.040 of the El Cajon Municipal Code requires that all security alarms within the City be licensed. This licensing process allows us to be able to contact you in case of emergency. For questions regarding alarm permits, you may call us at 441-5503.

Please complete the following application, and return it to us at the above address. We will return your alarm permit by mail and will be requesting updated information and permit renewal on an annual basis.

Application Type (check one): New Renewal Update Existing Permit #: _____

Alarm Type (check all that apply): Burglary Robbery Audible Silent

Alarm Street Address: _____ Apt./Suite: _____ Zip Code: _____

If located in apartment, shopping center, office complex, etc., complex name: _____

Permit Type (complete either Residential or Commercial information):

Commercial

Business Name: _____

Phone: _____

Your Name: _____

Residential

Your Name: _____

Phone: _____

Property Owner: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

If your system is monitored, Alarm Monitoring Company: _____

Address: _____ Phone: _____

Who can we contact in case of emergency? (You must list at least two contacts living in San Diego County.)

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening: _____ Pager/other: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening: _____ Pager/other: _____

Please list additional emergency contacts on the reverse side.

PD-24-95

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening: _____ Pager/other: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening: _____ Pager/other: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening: _____ Pager/other: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening: _____ Pager/other: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

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