

EL DORADO COUNTY
ALARM PERMIT APPLICATION

Sheriff's Office
Central Dispatch
300 Fair Lane, Placerville, CA 95667
(530) 621-5499

Alarm Information (complete for all alarms):	
EXACT ADDRESS OF ALARM (complete street address, including suite, building, apartment numbers, etc.): Street Address: <input style="width: 80%; height: 30px;" type="text"/>	
TYPE OF ALARM (check at least one item on each row): <input type="checkbox"/> Armed Robbery <input type="checkbox"/> Burglary <input type="checkbox"/> Panic <input type="checkbox"/> Silent <input type="checkbox"/> Audible <input type="checkbox"/> Silent/Audible (Combination)	
IS ALARM MONITORED? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of monitoring company: <input style="width: 80%; height: 20px;" type="text"/> City: <input style="width: 30%; height: 20px;" type="text"/> State: <input style="width: 30%; height: 20px;" type="text"/> Phone: (<input style="width: 10%; height: 20px;" type="text"/>) <input style="width: 10%; height: 20px;" type="text"/>	
LOCATION OF ALARM: <input type="checkbox"/> Residence <input type="checkbox"/> Business (if business, provide the following information) Name of Business: <input style="width: 80%; height: 20px;" type="text"/> Days business is normally open: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Normal business hours: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM to _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Permit Mailing Information	
Name: <input style="width: 50%; height: 20px;" type="text"/> <input style="width: 40%; height: 20px;" type="text"/>	
Mailing Address: <input style="width: 90%; height: 20px;" type="text"/>	
City: <input style="width: 35%; height: 20px;" type="text"/> State: <input style="width: 10%; height: 20px;" type="text" value="CA"/> Zip Code: <input style="width: 20%; height: 20px;" type="text"/>	
Attention: <input style="width: 30%; height: 20px;" type="text"/> Phone #: (<input style="width: 10%; height: 20px;" type="text"/>) <input style="width: 10%; height: 20px;" type="text"/>	
Emergency Call List	
1 st Contact: <input style="width: 45%; height: 40px;" type="text"/>	Phone Number: Home: <input style="width: 15%; height: 20px;" type="text"/> Work: <input style="width: 15%; height: 20px;" type="text"/> Cell: <input style="width: 15%; height: 20px;" type="text"/>
2 nd Contact: <input style="width: 45%; height: 40px;" type="text"/>	Phone Number Home: <input style="width: 15%; height: 20px;" type="text"/> Work: <input style="width: 15%; height: 20px;" type="text"/> Cell: <input style="width: 15%; height: 20px;" type="text"/>
3 rd Contact: <input style="width: 45%; height: 40px;" type="text"/>	Phone Number Home: <input style="width: 15%; height: 20px;" type="text"/> Work: <input style="width: 15%; height: 20px;" type="text"/> Cell: <input style="width: 15%; height: 20px;" type="text"/>
TYPE OF PERMIT: <input type="checkbox"/> New Permit - \$30.00 <input type="checkbox"/> Transfer or Existing Permit - \$10.00	

Signature of Applicant

Date

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Name: _____

Address: _____

In the space provided below, please give us brief but exact directions to your residence or business where the alarm is located. Also provide a description of the house or business, as these are the directions that will be given to the deputies responding to an alarm. Start from a well-known road or landmark and include any additional information that will assist deputies in locating your home or business. Also note any obstacles the deputy may encounter, such as locked gates, backyard pools/spas, animals (dogs, etc.)

WRITTEN DIRECTIONS

OBSTACLES

Draw a map following the directions above: