



CITY OF EL MONTE

Chief
THOMAS ARMSTRONG

POLICE DEPARTMENT

Assistant Chief
STEVE SCHUSTER

Captain
MARCIA VAIL

Captain
GEORGE HOPKINS

Captain
DANIEL BUEHLER

<i>For office use only - do not write in here</i>	
App. rec'd:	_____
<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> without fees	
Fees rec'd ____/____/____. Paid \$ ____	
Cash, Money Odr, Check # _____	
Approved _____ Date: ____/____/____	
Denied _____ Date: ____/____/____	
Processed by: _____	

ALARM PERMIT APPLICATION (Please type or print & do not leave any blanks)

Application Type (check one)	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Update	<input type="checkbox"/> Existing Permit No. _____
Alarm Type (check all that apply)	<input type="checkbox"/> Burglary	<input type="checkbox"/> Robbery	<input type="checkbox"/> Audible	<input type="checkbox"/> Silent <input type="checkbox"/> Other: _____
Alarm Street Address: _____				
<small>Street Address</small>		<small>Apt/Suite #</small>		<small>City, State, Zip</small>
If located in apartment, shopping center, office complex, etc., please provide Complex Name: _____				

APPLICANT INFORMATION/ ALARM LOCATION

Business/Resident Name <small>(Last, First, Middle)</small>	_____	Home Phone No.	_____
Address <small>(Street, Apt #, City, State, Zip)</small>	_____	Business Phone No.	_____
	_____	Pager / Cell Phone No.	_____
Property Owner Name	_____	Emergency Backline Phone No.	_____
Property Owner Address	_____		_____

EMERGENCY CONTACTS – Who can we contact in case of emergency? (You must list at least two (2) contacts living 30 minutes or less away)

Contact Name	_____	Home Phone No.	_____
Contact Address	_____	Business Phone No.	_____
	_____	Pager / Cell Phone No.	_____
Contact Name	_____	Home Phone No.	_____
Contact Address	_____	Business Phone No.	_____
	_____	Pager / Cell Phone No.	_____
Contact Name	_____	Home Phone No.	_____
Contact Address	_____	Business Phone No.	_____
	_____	Pager / Cell Phone No.	_____

ALARM COMPANY INFORMATION

Company Name	_____	Phone No.	_____
Address	_____		_____
	_____	ACO No.	_____

I have received a copy of the El Monte City Ordinance pertaining to alarm systems. I certify under penalty of perjury that the information furnished is true to my best belief. All alarm equipment meets the standards set forth in section 5.102.060. I am aware of the penalties associated with false alarms. Furthermore, I am aware that if my alarm permit is revoked due to non-compliance of EMMC – Section 5.102.090, police response may be discontinued to any subsequent alarm calls at my address.

Applicant's Title: Owner / Tenant
(circle One)

Signature of Applicant

Print Name

Date

(This form cannot be processed without a signature and date)