



Office Use Only	
Permit	_____
Date Issued	_____
Amount Paid	_____
New	_____
Renewal	_____
Change	_____

Please mail Application to:
 Fremont Police Department
 Attn: Alarm Officer
 P. O. Box 5007
 Fremont, CA 94537-5007

City of Fremont Alarm Permit Application

1. Resident Name/Business Name _____
2. Business Owner _____
3. Address of Alarmed Location _____
4. Phone Number at Alarmed Location _____
5. Mailing Address _____ Attn: _____
6. City, State, Zip Code _____
7. Alarm Company _____ Phone _____

8. You must list **at least three persons** who will respond, **within 35 minutes**, in the event of an alarm. These persons must also have a key to the premises and be able to reset a malfunctioning alarm and secure the premises.

Name	Day Phone	Evning Phone	Other
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

9. Date: _____ 10. Applicant Signature _____

Upon assignment of a permit number, a sticker with your permit number will be issued to you and must be posted and visible at the main entrance.

*You must enclose a \$40.00 permit fee with the Application.
 Checks payable to: City of Fremont
 Save the bottom copy of your Application for your records.*

For questions, please call 510/790-6755 or visit our website at www.fremontpolice.org