



CITY OF INDIO

ALARM PERMIT APPLICATION

RETURN APPLICATION TO: THE CITY OF INDIO
PO BOX 1788
INDIO, CA 92202 OR FAX TO: (760) 391-4021

INDIO ADDRESS: _____

ZIP: _____

RESIDENCE COMPLETE THE FOLLOWING:

NAME OF RESIDENT: _____

PHONE # _____

NAME OF ALARM COMPANY: _____

PHONE # _____

EMERGENCY CONTACT: _____

PHONE# _____

BUSINESS COMPLETE THE FOLLOWING :

NAME OF BUSINESS: _____

PHONE # _____

NAME OF OWNER: _____

PHONE # _____

NAME OF MANAGER: _____

PHONE # _____

NAME OF ALARM COMPANY: _____

PHONE # _____

ALARM USERS PERMIT FEES:

FIRST YEAR PERMIT

\$30.00

FIRST YEAR PERMIT SENIOR

FREE (65 & OVER WITH PROOF OF DATE OF BIRTH)

RENEWAL FEES:

ONE OR MORE FALSE ALARM

\$15.00

LATE FEE OVER 90 DAYS

\$20.00

NO FALSE ALARMS

FREE

OFFICE USE ONLY

DATE ISSUED: _____

RENEWAL DATE: _____

CUSTOMER NO. _____

REVISED FORM 2/1/09

PLEASE NOTE ALL PERMITS MUST BE RENEWED ANNUALLY