

City of Lincoln
640 5th Street
Lincoln, CA 95648
(916) 645-3314

ALARM PERMIT APPLICATION

MUST be completed in full—see instructions on the back

\$20.00

LOCATION OF ALARM: BUSINESS RESIDENCE

1 BUSINESS NAME _____

BUSINESS ADDRESS _____
Street Address Suite Zip

OWNER/MANAGER _____
Last Name First Name MI

PRIMARY PHONE NO. _____ ALTERNATE PHONE NO. _____

NORMAL BUSINESS HOURS: Check the box below for each day the business is normally open.

MON TUE WED THU FRI SAT SUN OPEN FROM _____ AM/PM TO _____ AM/PM

2 TYPE OF ALARM: ARMED ROBBERY BURGLARY BOTH (CHECK ONE)

TYPE OF NOTIFICATION: SILENT SILENT/RINGER RINGER

3 RESIDENT NAME _____
Last Name First Name MI

ADDRESS _____
Street Address Apt No. Zip

PRIMARY PHONE NO. _____ ALTERNATE PHONE NO. _____

4 EMERGENCY CONTACTS List additional local persons that shall respond to any alarm activation within 30 minutes in your absence.

FIRST CONTACT _____
Last Name First Name PHONE NO. _____

Address Suite/Apt. No. City Zip

SECOND CONTACT _____
Last Name First Name PHONE NO. _____

Address Suite/Apt. No. City Zip

5 ALARM COMPANY NAME _____

Mailing Address Suite City State Zip Phone No. _____

FOR CITY USE ONLY

PERMIT NO. _____

NEW RENEWAL

Approved By: _____

Denied By: _____

Date: _____

Renewal Date: _____

Issued by: _____

Date Issued: _____

Check #: _____

Date Received: _____

Amount Received: \$ _____

Revenue Fund: 100-0000-31850

The applicant shall supply the names, addresses and telephone numbers of persons who will render service or respond within 30 minutes of notification, day or night. By signing below, applicant agrees to reimburse the City for the cost of false alarms as per City Ordinance. The applicant further agrees to abide by all provisions of the Safety Alarm Systems Ordinance (Lincoln Municipal Code Chapter 8.56) as that ordinance now stands or may be amended.

X _____

Alarm Permit Application Instructions

General Instructions: If the alarm is installed at a business location, please complete all sections with the exception of Section 3 and check the “BUSINESS” box at the top of the form. If the alarm is installed at a residence, please complete all sections with the exception of Section 1 and check the “RESIDENCE” box at the top of the form.

Section 1

Business Name: Enter the name of the business, for example, Acme Iron and Casting, Inc.

Business Address: Enter the complete physical address including the street address, business suite if applicable, and City zip code.

Owner/Manager: Enter the last name, first name and middle initial of the business owner, manager or primary contact person you wish us to contact if there is an emergency.

Primary Phone No.: Enter the primary business phone number where the Owner/Manager or contact person can be reached during normal business hours.

Alternate Phone No.: Enter an alternate phone number where the Owner/Manager or contact person can be reached *outside* of normal business hours.

Normal Bus. Hours: Check the boxes for each day the business is open and indicate the hours of operation.

Section 2

Type of Alarm: Check one box only: Armed Robbery, Burglary or Both.

Type of Notification: Check one box only: Silent, Silent/Ringer or Ringer.

Section 3

Resident Name: Enter the last name, first name and middle initial of the owner or primary contact person.

Address: Enter the complete physical address including the street address, apartment no. if applicable, and City zip code.

Phone Numbers: Enter the primary phone number where the owner or primary contact person can be reached during the day in case of an emergency. Enter an alternate phone number where they can be reached during the evening.

Section 4

First Contact: Enter the last name, first name and phone number of the person you wish us to contact first in the event of an emergency if you are not available.

Second Contact: Enter the last name, first name and phone number of the next person you wish us to contact in the event of an emergency if the first person is not available.

Section 5

Alarm Company Name: Enter the name of the alarm company that installed the alarm.

Address: Enter the mailing address including the suite number, if applicable, the city, state, zip code and phone number of the alarm company.

Signature: Please sign the application at the “X”