

# Merced County Sheriff

## ALARM SYSTEM PERMIT APPLICATION

**Please read ALARM SYSTEM PERMIT INFORMATION before completing this form!**

**LOCATION OF ALARM:** \_\_\_\_\_ Business \_\_\_\_\_ Residence

**Number of Alarm Systems:**  SINGLE  DOUBLE  MULTIPLE

**Type of Alarm Signal:**  SILENT  AUDIBLE  COMBINATION

Business Name (if applicable): \_\_\_\_\_

Name of Business Owner or Resident \_\_\_\_\_

Identification/ Drivers License Number \_\_\_\_\_

Location address: \_\_\_\_\_  
(NUMBER) (STREET) (SUITE #)

Mailing Address: \_\_\_\_\_  
(NUMBER) (STREET) (CITY) (ZIP)

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

### ALARM COMPANY INFORMATION

Please provide information pertaining to the alarm company that monitors your alarm system.

Alarm Co.: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

### EMERGENCY NOTIFICATION

Please list names and phone numbers of at least two (2) persons authorized to respond to alarms and open the protected premises at any time:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

I certify under penalty of perjury that the information I have given is true and correct to the best of my knowledge and belief. I understand and agree to notify the Merced County Sheriff of any changes within ten (10) days from the date such changes occur.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

ONE-TIME FEE: \$20.00 / Each Alarm \_\_\_\_\_ Total Due \_\_\_\_\_

PLEASE REMIT FEE AND APPLICATION TO:  
Merced County Sheriff, Attention: Records, 2222 "M" Street, Merced, CA 95340  
(209)385-7616