

Alarm Permit Application

Please Mail Application to:
Mountain View Police Department
Attention: Alarm Officer
1000 Villa Street
Mountain View, CA 94041

Permit _____
Date Issued _____
Amount Paid _____
New ___ Renewal ___ Change ___
Permit Expiration Date _____

1. Alarm Subscriber's/Business Name _____
2. Business/Residence Owner _____
3. Business/Residence Owner Contact Telephone Numbers _____
4. Address of Alarmed Location _____
5. Phone Number at Alarmed Location _____
6. Mailing Address _____ Attention _____
7. City, State, Zip Code _____
8. E-mail Address (for billing notification) _____
9. Alarm Company Provider _____

You **must list at least three persons** who will respond **within 45 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	Night Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Date _____ Applicant Signature _____

KEEP THE YELLOW COPY FOR YOUR RECORDS
(PLEASE READ REVERSE SIDE OF YELLOW COPY)
PLEASE ENCLOSE THE PERMIT FEE WITH THE APPLICATION

- Commercial (\$63.00)
- Residential (\$16.50)

Original—PD

Yellow—Applicant