

**NATIONAL CITY POLICE DEPARTMENT**  
**ALARM PERMIT APPLICATION**  
**(Residential)**



**ADOLFO GONZALES**  
 Chief Of Police

RESIDENT INFORMATION		ACCOUNT #	PERMIT #
Name			
RESIDENT ADDRESS			
Street Address	Unit/Apt/Suite	City	Zip Code
IF OCCUPANT OF THE RESIDENCE IS OVER 70 YEARS OF AGE OR DISABLED PERMIT FEE IS WAIVED <b>(IF YES PLEASE ATTACH DOCUMENTATION)</b>			
Any dogs, hazards or special comments regarding premises:			
<b>DO YOU OWN THE RESIDENCE</b> <input type="checkbox"/> YES IF NOT, PLEASE <input type="checkbox"/> NO PROVIDE INFORMATION		Address (Street, Suite#, City, State, Zip)	
CONTACT INFORMATION #1 (Please list the names of 2 authorized people who can respond in case of alarm activation)			
Name/Title		Daytime Phone Number	Nighttime Phone Number
CONTACT INFORMATION #2			
Name/Title		Daytime Phone Number	Nighttime Phone Number
ALARM COMPANY INFORMATION			
Company Name		Contact	
Address		Phone Number	
<b>TYPE OF ALARM SYSTEM:</b>		<b>DO YOU HAVE MORE THAN ONE ALARM SYSTEM AT THIS ADDRESS:</b>	
Burglary <input type="checkbox"/>	Audible <input type="checkbox"/>	Silent <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Robbery <input type="checkbox"/>	Audible <input type="checkbox"/>	Silent <input type="checkbox"/>	
Panic <input type="checkbox"/>	Audible <input type="checkbox"/>	Silent <input type="checkbox"/>	
<p><b>PERMITS ARE NOT TRANSFERABLE TO ANOTHER ALARM USER OR ALARM SITE, AN IS RENEWABLE EVERY 2 YEARS. WHEN A CHANGE OCCURS IN THE INFORMATION CONTAINED IN THE APPLICATION, THE PERMITTED SHALL GIVE THE ALARM ADMINISTRATOR WRITTEN NOTICE OF CHANGES WITHIN 5 WORKING DAYS OF THE DATE THE CHANGE BECOMES EFFECTIVE (INCLUDING MOVING OUT OF LOCATION OR DISCONNECTION OF ALARM SYSTEM) THE POLICE DEPARTMENT WILL NOT RESPOND TO ANY MORE ALARM ACTIVATIONS AT THAT LOCATION UNTIL PERMIT HAS BEEN FILED AND PAID. FAILURE TO PAY ALARM FINES WILL RESULT IN AUTOMATIC NON-RESPONSE STATUS.</b></p> <p>PLEASE RETURN APPLICATION AND \$20.00 CHECK PAYABLE TO: <b>CITY OF NATIONAL CITY</b>  <b>Alarm Program Coordinator</b>  <b>1200 National City Blvd</b>  <b>National City CA 91950</b></p>			
Applicant signature		Date	

**FOR OFFICE USE ONLY**

Permit #	Check #
Account #	Amt Pd \$
Date Issued	Alarm Program Coordinator
Expiration Date	