

**CITY OF NOVATO  
ALARM PERMIT APPLICATION**

<b>SUBSCRIBER INFORMATION</b>	
NAME _____	
ADDRESS _____	SUITE/APT. # _____
CITY/STATE/ZIP _____	PHONE NUMBER _____

<b>ALARMED LOCATION INFORMATION</b>	
TYPE: Residence _____	Business _____ Business Hours _____
NAME OF BUSINESS _____	
ADDRESS _____	SUITE/APT. # _____
CITY/STATE/ZIP _____	PHONE NUMBER _____

<b>ALARM COMPANY INFORMATION</b>	
TYPE ALARM: Burglary _____	Panic _____ Audible _____ Silent _____
NAME OF COMPANY _____	
ADDRESS _____	
CITY/STATE/ZIP _____	PHONE NUMBER _____

<b>EMERGENCY CONTACT INFORMATION</b>		
_____ Name	( ) _____ Day phone	( ) _____ Night Phone
_____ Name	( ) _____ Day Phone	( ) _____ Night Phone
_____ Name	( ) _____ Day Phone	( ) _____ Night Phone

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

Forward \$28.00 fee, made payable to City of Novato, together with application to:

**Novato Police Department  
Crime Prevention Bureau  
909 Machin Avenue  
Novato, CA 94945**

Office Use Only

Permit Number \_\_\_\_\_

Date Issue \_\_\_\_\_