



CITY OF PACIFICA APPLICATION FOR ALARM PERMIT

Permit # _____

DIRECTIONS – type or print application, include one-time application fee of \$75.00 (checks payable to “City of Pacifica”) and return to: Communications Supervisor, Pacifica Police Department, 2075 Coast Hwy, Pacifica CA 94044

Check One: RESIDENTIAL BUSINESS/COMMERCIAL (Business License# _____)

| | |
|---|------------------|
| Name of Resident or Business: | |
| Street Address: | |
| Phone Number: | |
| Billing Address (if different): | |
| Billing Phone Number (if different): | |
| Name of Owner/Manager (where applicable): | |
| Home Phone : | Work/Cell Phone: |
| Name of Property Owner: | |
| Home Phone: | Work/Cell Phone: |
| Name of 1 st Contact Person: | |
| Home Phone: | Work/Cell Phone: |
| Name of 2 nd Contact Person: | |
| Home Phone: | Work/Cell Phone: |
| Name of 3 rd Contact Person: | |
| Home Phone: | Work/Cell Phone: |
| Name of 4 th Contact Person: | |
| Home Phone: | Work/Cell Phone: |
| Type of alarm: Burglary <input type="checkbox"/> Robbery <input type="checkbox"/> Fire <input type="checkbox"/> Medical <input type="checkbox"/> Panic <input type="checkbox"/> | |
| Is the alarm: Silent <input type="checkbox"/> Audible <input type="checkbox"/> Both <input type="checkbox"/> | |
| Alarm Company: | Phone Number: |
| FOR OFFICIAL USE ONLY | |
| Date Received: | Receipt #: |
| Date Permit Mailed: | Permit #: |
| GEO File Updated: | |