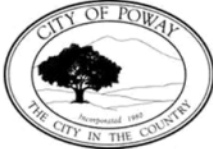


**Print Form**

# CITY OF POWAY DEVELOPMENT SERVICES DEPARTMENT



## ALARM SYSTEM APPLICATION

Please Check One:     Residence                   Business

Name:

Address (where alarm installed):

Mailing Address (if different than above):

Telephone Number:       Date of Occupancy:

### EMERGENCY INFORMATION (Persons who may secure premises on a 24 hour basis):

- 1.
  - 2.
  - 3.
- Name                                  Address                                  Phone No.

## ALARM AND ALARM COMPANY INFORMATION

Monitoring Company:       Phone No.

Alarm Company Name:       Phone No.

Address:

Type of Alarm:     Silent                       Audible

Type of Response Requested:     Robbery               Fire  
    Burglary/Unauthorized Entry  
    Medical Emergency

APPLICATION FEE (One Time, Non-Transferable): \$69.00  
Please make your check payable to: **City of Poway**

**MAIL APPLICATION AND CHECK TO:**      Municipal Alarm Tracking  
   P.O. Box 2490  
   Valley Center, CA 92082  
   1 800 749-9669

***FOR OFFICE USE ONLY***  
Application Reviewed By: \_\_\_\_\_ Permit #: \_\_\_\_\_