



ALARM PERMIT APPLICATION
 MUST be completed in full - **Please print or type**
Application Fee: \$30.00 payable to City of Roseville
 Submit to: Roseville Police Department
ATTN: Community Services Unit
 1051 Junction Boulevard Roseville, CA 95678
 (916) 774-5093

Permit Number: _____ **Location of Alarm:** **Business** **Residence**

Applicant Information (Applicant name or, if applicable, business name)

Name: _____
Last First Mi

Street Address: _____
(Alarm location) (City) (State) (Zip)

Residence Telephone: _____ Cell Number: _____

Business Telephone: _____ E-mail: _____

Business: Owner / Manager Name: _____
 Telephone (after hours): _____ E-Mail: _____
 Hours of Operation **S M T W Th F S** Hours: _____

(circle all that apply)

Alarm Information:

Alarm Company: _____ Telephone: _____
(Name)

Alarm Co. Address: _____ Email: _____

Monitoring Company: _____ Telephone: _____
(if applicable) (Name)

Type of Alarm:

Robbery Burglary Monitored Audible Ringer

Notification: Exterior Strobe Silent Interior/Exterior Audible Both

Animals on Premises: Yes No If yes, what kind of animal? _____

Guns on Premises: Yes No If yes, what is the location? _____

Mailing Address (if different from applicant address):

Name: _____

Address: _____

City, State, Zip: _____

Emergency Contact (List person to be contacted in case of an alarm emergency)

Alternate Contact # 1 _____ Alternate Contact # 2 _____
(Name) (Name)

Phone Number: _____ Phone Number: _____

Cell Number: _____ Cell Number: _____

Applicant agrees to:

1. Reimburse the City of Roseville for the partial cost of police response to excessive false alarms per the City's Ordinance.
2. Abide by all provisions of the Alarm System Ordinance (Roseville Municipal Code, Chapter 10.64) as that ordinance now exists or may hereafter be amended.

Signature Of Applicant: _____
(Signature) (Date)