



SACRAMENTO COUNTY SHERIFF'S DEPARTMENT
ALARM ORDINANCE BUREAU
 (916) 874-4616
 (916) 874-8101-FAX

PERMIT NUMBER

CHECK #
AMOUNT

ALARM PERMIT APPLICATION

Type or Print. All copies must be legible.

INCOMPLETE FORMS WILL NOT BE PROCESSED

APPLICATION		PERMIT TYPE		ALARM TYPE		
<input type="checkbox"/> New <input type="checkbox"/> Renewal		<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Government		<input type="checkbox"/> Panic <input type="checkbox"/> Owner <input type="checkbox"/> Burglary <input type="checkbox"/> Tenant		
APPLICANT NAME <i>(Last, First, Middle Initial)</i>		PRIMARY PHONE		SECONDARY PHONE		CELL PHONE
☆☆☆☆☆ REQUIRED EXCEPT FOR CORPORATIONS OR GOVERNMENT ☆☆☆☆☆						
DRIVERS LICENSE NUMBER		STATE OF ISSUE		DATE OF BIRTH		
BUSINESS NAME <i>(if applicable)</i>		PRIMARY PHONE		SECONDARY PHONE		FAX
SITE ADDRESS		SUITE/UNIT	CITY		STATE	ZIP
MAILING ADDRESS <i>(if different)</i>		SUITE/UNIT	CITY		STATE	ZIP
ALARM COMPANY		INSTALLATION DATE		APPLICANTS E-MAIL		

<p style="text-align: center;"><u>NON-REFUNDABLE PERMIT FEE</u></p> <p>NEW – \$50 if obtained within 15 days of installation/placement into service – \$75 if obtained after 15 days of installation/placement into service – Additional \$250 "Failure to Comply" fee assessed after 45 days</p> <p>RENEWAL – \$45 Every two years</p> <p style="text-align: center;">\$42 service charge assessed on all returned checks.</p>	<p style="text-align: center;"><u>REMIT PAYMENT AND COMPLETED APPLICATION TO:</u></p> <p style="text-align: center;">SHERIFF'S ALARM BUREAU P O Box 348720 Sacramento, CA 95834-8720</p> <p style="text-align: center;">Website: www.sacsheriff.com e-mail: alarms@sacsheriff.com</p>
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A COPY OF THE SACRAMENTO COUNTY ALARM ORDINANCE IS AVAILABLE AT THE SHERIFF'S DEPARTMENT WEBSITE – www.sacsheriff.com.

SECTION 9.20/010 STATES THAT IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY FALSIFY OR CONCEAL ANY FACT(S) OR MAKE FALSE OR FRAUDULENT STATEMENT(S) IN ANY MANNER WITHIN THE JURISDICTION OF ANY DEPARTMENT OF THE COUNTY.

ADDITIONALLY, I ACCEPT RESPONSIBILITY FOR PAYMENT OF ALL FEES AND FINES THAT MAY RESULT FROM THE OPERATION OF THE ALARM SYSTEM SERVICING THE ABOVE PREMISES UNTIL SUCH TIME I NOTIFY THE SHERIFF'S ALARM BUREAU OF REMOVAL OF THE SYSTEM AND/OR RELOCATION. I AM ALSO RESPONSIBLE FOR NOTIFICATION TO THE SHERIFF'S DEPARTMENT OF ANY ALARM COMPANY CHANGES WITHIN 10 DAYS.

APPLICANT'S SIGNATURE	DATE
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