



# City of San Clemente Police Services



(Office Use Only)

Alarm # \_\_\_\_\_

Expires \_\_\_\_\_

## ALARM PERMIT APPLICATION

### RESIDENTIAL ALARM π

1. ALARM APPLICANT'S NAME \_\_\_\_\_

2. ALARM ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

3. BILLING ADDRESS (if different from above) \_\_\_\_\_

4. PHONE # \_\_\_\_\_

5. FIREARMS ON PREMISES YES ρ NO ρ

6. ANIMALS ON PREMISES YES ρ NO ρ

7. ALARM COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_

8. EMERGENCY CONTACTS IN YOUR ABSENCE

NAME

PHONE #

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

RETURN PERMIT WITH \$40.00 FEE TO:

CITY OF SAN CLEMENTE  
100 AVENIDA PRESIDIO  
SAN CLEMENTE, CALIFORNIA 92672

THERE SHALL BE A 72 HOUR (3 WORKING DAYS) ACTIVATION PERIOD IN WHICH TO PROPERLY ENTER THE ALARM INFORMATION. THE ACTIVATION PERIOD SHALL BEGIN ONCE THE ALARM PERMIT CONTAINING THE REQUIRED INFORMATION HAS BEEN RECEIVED. NO ALARM PERMIT WILL BE PROCESSED UNLESS ALL OF THE NECESSARY INFORMATION HAS BEEN PROVIDED AND THE PROPER FEE PAID.