

ALARM PERMIT APPLICATION

SAN JOAQUIN COUNTY

ALARM PERMIT No. _____



PLEASE TYPE OR PRINT CLEARLY ALARM INFORMATION:

Name of Business: _____ Phone No. _____

OR
Name of Resident: _____
Last First Phone No.

Address Apt/Suite # City Zip Code

_____/_____/_____
Date of Birth Driver License / ID E-mail Address

Alarm Class:

Commercial Residential
 Government School

Type:

Both Silent/Ringer - Silent/Audible Ringing/Audible
 Direct Silent

MAILING ADDRESS: (If different than alarm location)

Billing Address City State Zip Code

Attention Name Phone No.

Name of Business Owner OR Property Owner

EMERGENCY CALL LIST: PLEASE LIST PERSONS TO BE CONTACTED LOCALLY IN CASE OF AN ALARM EMERGENCY.

Someone must be able to respond to your activated alarm within 30 minutes and bring keys to your building.

Name (E) employee, (M) manager Home Phone No. Business Phone No.
(O)owner, (K) key holder/neighbor

ALARM COMPANY INFORMATION:

Alarm Company Phone No.

X _____
SIGNATURE OF APPLICANT Date

The alarm user may be billed up to fifty dollars (\$50.00) for each false alarm.

PLEASE RETURN THIS APPLICATION TO:
San Joaquin County Sheriff's Office / Alarm Reduction Program
7000 Michael N. Canlis Blvd., French Camp, CA 95231
(209) 468-5127