City of Santee
ALARM SYSTEM PERMIT APPLICATION

Please read ALARM SYSTEM PERMIT INFORMATION before completing this form!

LOCATION OF ALARM: _____ Business _____ Residence

Number of Alarm Systems: [ ] SINGLE 1 building or suite [ ] DOUBLE 2 to 6 suites [ ] MULTIPLE 7 or more suites

Type of Alarm Signal: [ ] SILENT [ ] AUDIBLE [ ] COMBINATION

Business Name (if applicable): _____

Name of Business Owner or Resident :_____

Location address:_____
(NUMBER) (STREET) (SUITE #)

Mailing Address: _____
(NUMBER) (STREET) (CITY) (ZIP)

Phone Number: (____) _____

ALARM COMPANY INFORMATION
Please provide information pertaining to the alarm company that monitors your alarm system.

Alarm Co.: _____ Phone: (_____)_____

EMERGENCY NOTIFICATION
Please list names and phone numbers of at least two (2) persons authorized to respond to alarms and open the protected premises at any time:

1. _____ Phone: _____

2. _____ Phone: _____

I certify under penalty of perjury that the information I have given is true and correct to the best of my knowledge and belief. I understand and agree to notify the City of Santee of any changes within ten (10) days from the date such changes occur.

Date: _____ Signature: _____

ONE-TIME FEE: $18.00 / single $54.00 / double $72.00 / multiple

PLEASE REMIT FEE AND APPLICATION TO:
City of Santee, Finance Department, 10601 Magnolia Avenue, Santee CA 92071-1266