



City of Saratoga  
13777 Fruitvale Ave.  
Saratoga, CA 95070  
(408) 868-1200

PERMIT NO. \_\_\_\_\_

**Application for Alarm Permit**

Pursuant to the California Public Record Act, this information is confidential except for law enforcement persons.

Name of Resident or Business Owner: \_\_\_\_\_

Address where Alarm Located: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Saratoga Business License No. \_\_\_\_\_ (For Commercial Business Only)

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**EMERGENCY INFORMATION**

(Please list persons who may secure the premises on a 24 hour basis)

Name	Address	Telephone

**ALARM COMPANY INFORMATION**

Alarm company name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Alarm company address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner of the Alarm system for your residence or business: \_\_\_\_\_

Who installed the alarm system on the premises?: \_\_\_\_\_

Type of Alarm system: \_\_\_\_\_ Monitored/Silent: \_\_\_\_\_ Audible/other: \_\_\_\_\_

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I have received and read a copy of Saratoga Ordinance 6-10 ALARM SYSTEMS: Revision 1/7/98

Check One:  
New Application: \_\_\_\_\_  
Name/Address change: \_\_\_\_\_  
Alarm company change: \_\_\_\_\_

Applicant's signature	Date
Office use only:	
Received by _____	
Permit issued _____	