

Department of Public Safety
700 All America Way
Sunnyvale, CA 94086-7642
(408) 730-7140



- New** **Renewal**
 Business **Residence**
(Includes Church, School, Government)

Alarm Registration Number

ALARM PERMIT APPLICATION

Applicant Information

Business Name

Residence Name or Business Contact
 First Name Last Name MI

Phone
 Home Cell/Pager Business Ext

Location Address
 Street # Street Name Apt # City State ZipCode

Mailing Address (if different)
 Street # Street Name Apt # City State ZipCode

Email Address **Email Contact Prefer** **Gate Code**

Additional Contacts (other persons who can be contacted in case of an alarm)

Name (First Last MI)	Address (Street # , Name, City, St, Zip)	Home Phone	Cell Phone	Bus Phone & Ext.

Alarm Information

Alarm Company:

Does Alarm Reset Automatically? Yes No Unknown If Yes, after how long?

Remote Monitoring Location: Phone

Security Alarm: Audible Silent Fire Alarm: Audible Silent

Information and/or Comments to assist officers responding to your alarm (Pets, Guard dogs, Explosives, Hazardous materials, etc...)

I hereby agree to comply with the provisions set forth in Sunnyvale Municipal Code Chapter 9.90 (Alarm Users Permit).

Authorized Signature _____ Date _____

Please mail completed application with a check made payable to the **City of Sunnyvale** to:

Sunnyvale DPS Alarm Permitting
Attn: Crime Prevention Unit
 P. O. Box 3707
 Sunnyvale, CA 94088-3707

Fee Received Amt: _____
Fee Received Date: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> No charge