



PERMIT # _____

VENTURA POLICE DEPARTMENT ALARM PERMIT APPLICATION

TYPE OR PRINT CLEARLY ALL INFORMATION

RETURN THIS FORM, ALONG WITH PAYMENT, TO THE ALARM COORDINATOR AT THE ADDRESS BELOW

ALARM LOCATION:

NUMBER	STREET NAME	UNIT/SUITE/APT.	ZIP
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BUSINESS OR RESIDENT NAME: _____

DAYTIME PHONE: _____ **EVENING PHONE:** _____

ALTERNATE / EMERGENCY NAME & PHONE: _____

BILLING ADDRESS IF DIFFERENT FROM ABOVE: _____

ALARM COMPANY NAME: _____ **ALARM COMPANY PHONE:** _____

I CERTIFY THAT I HAVE RECEIVED, READ AND UNDERSTAND AN EXTRACT COPY OF CITY OF SAN BUENAVENTURA ORDINANCE CODE CHAPTER 6.350, THAT THE ALARM INSTALLED MEETS THE REQUIREMENTS OF SECTION 6.350.130, THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS CORRECT, AND THAT I WILL NOTIFY THE VENTURA POLICE DEPARTMENT, IN WRITING, WITHIN 10 DAYS OF ANY CHANGE TO THAT INFORMATION. IF PAYING BY CREDIT CARD, YOUR SIGNATURE AUTHORIZES THE ALARM PERMIT FEE TO BE CHARGED TO YOUR CREDIT CARD.

(SIGNATURE OF SYSTEM PERMIT APPLICANT)

DATE

(PRINTED NAME)

(DATE OF BIRTH)
SENIORS, 60 YEARS AND OLDER, PAY A
REDUCED FEE FOR RESIDENTIAL VIOLATIONS

PAYMENT: \$49.00	<input type="checkbox"/> CHECK ENCLOSED	<input type="checkbox"/> CREDIT CARD – MC / VISA ONLY
MAKE CHECK PAYABLE TO THE " <u>VENTURA POLICE DEPARTMENT</u> "	<input type="checkbox"/> REQUEST MAILED RECEIPT	
NAME ON CARD: _____	3 DIGIT SECURITY CODE : _____	
CARD NUMBER: _____	EXPIRATION MO / YR: _____	

**CASH ACCEPTED AT THE VENTURA POLICE DEPARTMENT ONLY. PLEASE CONTACT THE NUMBER BELOW TO SCHEDULE AN APPOINTMENT WITH THE ALARM COORDINATOR. THANK YOU

VENTURA POLICE DEPARTMENT – ALARM COORDINATOR 1425 DOWELL DR. VENTURA, CA 93003 (805) 339-4459
