

# 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 thirty dollars (\$ 30 ) 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