

Alarm User Permit Application

Confidentiality: Information on this application is for Sheriff's Department use only.



City of Imperial Beach, California
825 Imperial Beach Blvd.
Imperial Beach, CA 91932
Phone: (619) 628-1365 Fax: (619) 424-3481

For Office Use Only

Alarm Location _____ Expiration _____

Customer # _____

Fee Due \$35.00 (Good for two (2) years) ** Make checks payable to the City of Imperial Beach ** Proper Fee must accompany application

Alarm Location (Street Address) _____ **Suite/Apt.** _____ **Zip Code** _____

Type of Property: (check one) Residential Commercial Other If other, please specify _____

Type of Alarms: (check one) Burglary Robbery (check one) Silent Audible Interior Perimeter

Specify the area covered by alarm system: (if you are applying for more than one alarm permit, submit an application for each system)

Alarm Applicant/User: (Name) _____ **Business Name:** (if applicable) _____

Address _____ **City** _____ **State** _____

Zip Code _____ **Residence Phone** _____ **Business Phone** _____

Person/Company authorized to respond to alarms and open the protected premises: (Name) _____

Address _____ **City** _____ **State** _____

Zip Code _____ **Phone** _____

Alarm Company: (Name) _____

Address _____ **City** _____ **State** _____

Zip Code _____ **Phone** _____

I certify under penalty of perjury that all information and statements made herein are true and correct to the best of my knowledge and belief. I understand and agree to having all required notices and correspondence sent by U.S. mail to the address given as the "alarm location" and to notify the finance department of any changes in the written information in this application within five (5) days from the date such change occurs.

Signature of Applicant/User

Date