



ALARM USER PERMIT APPLICATION

MAIL APPLICATION AND \$37 PAYMENT TO: BCSO RECORDS, 5 GILLICK WAY., OROVILLE, CA 95965

1. ALARM USER'S NAME AND/OR NAME OF BUSINESS:

2. ADDRESS OF ALARMED PREMISE: _____
Number Street Unit City Zip

MAILING ADDRESS (If Different): _____

3. PHONE # OF ALARMED PREMISE: (____) _____

4. TYPE OF ALARM: AUDIBLE SILENT AUDIBLE & SILENT

5. INDIVIDUAL(S) TO CONTACT IN EVENT OF AN ALARM – (Name and telephone number)

a. _____

b. _____

c. _____

6. ALARM COMPANY NAME: _____ ALARM CO. PHONE _____

7. TYPE OF BUILDING: SINGLE FAMILY RESIDENCE BUSINESS APARTMENT

8. SPECIAL INSTRUCTIONS TO ASSIST DEPUTIES IN SEARCHING PREMISE: (Check all applicable items)

Gate Codes: Yes Code _____ No

Motion Lights: Yes No

Neighbor has key: Yes No _____
Neighbor name/address/phone

Dogs (names and breeds) _____

Any hazardous materials on premises dangerous to police/fire personnel: (Please check and indicate the location)

Firearms _____ Ammunition _____

Flammable Liquids _____ Explosives _____

Other: _____

Any other special instructions: _____

NOTE: The permit fee is \$37.00 and is valid for 2 years. **Please make check payable to BCSO.** Residential alarm users over the age of 65 years of age are exempt from the permit fee. If you qualify for this exemption, please check this box and provide birth date: Birth Date: _____

I certify that the information above is true and correct.

Signature of alarm applicant _____ Date _____

Permit # _____ ISSUED DATE _____ EXPIRATION DATE _____