

CITY OF COVINA

POLICE DEPARTMENT **ALARM PERMIT APPLICATION**

(Please type or print in BLOCK CAPITAL LETTERS clearly inside the box.)

Residential/Commercial: \$25 Senior Citizen/Permanently disabled/Low Income: \$12 (Proof may be required) Govt. Entity: Govt Entities are exempt from the registration fee/renewal however must obtain Alarm permit and are subject to False Alarm fines, suspension etc

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Application Type (check one)	R	eside	ntial		Com	merc	ial	Go	vt En	itity		Jpdat	е	Exi	isting	Pern	nit #						<u></u>				
_			Burgl	ary	Robbery				Α	udible	le Date of					Birth:				'		7/					
Annual Family Income (Only required for low income	me dis	count	:)									s	ize o	f Fan	nily			(Pr	oof r	may	be red	quire	d)				
Disabled				Pla	acard	ı # [
Alarm Site Address: (Street Address)																					Apt/S	uite#					
City:																	Sta	ate:				Zip:					
APPLICANT INFORMATI	ON/ A	LARI	LO	CAT	ION										-		_									_	_
Business/Resident Name: (Last, First, Middle)			L																		Ш						Щ
Billing Address: (Street Address)			L		<u> </u>												Ш	\Box			Apt/S	uite#		<u> </u>			Щ
City:			<u> </u>	<u> </u>	<u> </u>		Ļ										Sta	ite:		_	Z	Zip:	Ļ				Щ
Home Phone No:			<u> </u>	֓֞֝֞֞֓֓֞֓֓֓֓֓֓֓֡֡֡֡֡֡֡֡֡֡֓֓֓֓֓֡֡֡֡֡֡֡֡֡֡	<u> </u>	_	╛					Bu	sine	ss Ph	none	No:											
Cell Phone No:			\perp		\perp																					_	
Property Owner Name:																											
Property Owner Address: (Street Address)																					Apt/S	uite#					
City:																	Sta	ite:			Ž	Zip:					
EMERGENCY CONTACT	s <u>–</u> W	ho ca	ın we	con	tact i	n cas	se of	emer	genc	y? (Y	ou m	nust li	st at	least	two	(2) co	ontac	ts livir	ng 30) mir	nutes	or le	ss a	way)			
Contact Name #1:																											
Contact Address:																											Щ
Home Phone:												Business Phone:															
Cell Phone No:																							_				
Contact Name #2:																											
Contact Address:																											
Home Phone:												Business Phone:															
Cell Phone No:																											
ALARM COMPANY INFO	RMAT	ION		. L																							
Company Name:																											
Address: (Street Address)																					Apt/S	uite#					
City:																	Sta	ite:			Z	Zip:					
Alarm Company Phone:												Sta	ate II	O No:	:												
I certify under penalty of pe penalties associated with fa section 8.20.130, police res	alse ala	arms.	Furth	nerm	ore, I	am	awar	e that	if my	/ alar	m pe	rmit is	s rev	oked	due												
Applicant's Title: (check one)	_	Own			Tena		-	int Na					, 0														
Signature of Applicant:																	Date	:		/			/				