EL CERRITO POLICE DEPARTMENT

Alarm Permit Application

Check one:
New ___
Transfer ___
Renewal ___

For City Use Only:

Permit No.: _____

Expires: _____

ALARM PREMISE INFORMATION

Premise Address:		Phone No.:
Mailing Address (if different):		
Business Name (if applicable):		
Previous Name (if transfer):		

OWNER INFORMATION

1. Name:		
Address:		
Phone No.:	Work No.:	Cell No.:
2. Name:		
Address:		
Phone No.:	Work No.:	Cell No.:

EMERGENCY CALL LIST (LIST PERSONS TO BE CALLED IN CASE OF ALARM ACTIVATION OR EMERGENCY)

1. Name:		
Address:		
Phone No.:	Work No.:	Cell No.:
2. Name:		
Address:		
Phone No.:	Work No.:	Cell No.:
3. Name:		
Address:		
Phone No.:	Work No.:	Cell No.:

ALARM INFORMATION

Intrusion: ___	Robbery: ___	Panic Alarm: ___	Other: ___
Monitored by:			
Address:		Phone No.:	
Installed/Serviced by:			
Address:		Phone No.:	
Date Installed:			

I hereby certify that the alarm system described herein complies with El Cerrito Municipal Code Chapter 6.55

Signature:

Print Name & Title (if applicable):

PLEASE RETURN COMPLETED FORM TOGETHER WITH $26.00 APPLICATION FEE TO:
ECPD Alarm Desk
10900 San Pablo Ave El Cerrito 94530

For City Use Only:

Date Received: _____

Amount Rec'd: $_____