



Please complete the application online at www.fremontpolice.org OR

**Mail application with payment to:
Fremont Police Department Attn:
Alarm Officer
P.O. Box 5007
Fremont, CA 94537-5007**

OFFICE USE ONLY
Permit _____
Date Issued _____
Amount Paid _____
New <input type="checkbox"/> Renewal <input type="checkbox"/> Change <input type="checkbox"/>

City of Fremont Alarm Permit Application

1. Resident Name/Business Name _____
2. Business Owner (if applicable) _____
3. Address of Alarmed Location _____
4. Phone Number at Alarmed Location _____
5. Mailing Address _____ Attn: _____
6. City, State, Zip Code _____
7. Alarm Company _____ Alarm Company Phone _____
8. You **must list at least three persons, other than yourself**, who will respond, **within 35 minutes**, in the event of an alarm. These persons must also have a key to the premises and be able to reset a malfunctioning alarm and secure the premises.

Name	Day Phone	Evening Phone	Other
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

Date: _____ Applicant Signature _____

• Please be advised that as of April 1, 2017, the City will no longer issue alarm stickers or permit payment acknowledgements. Please accept your canceled check or credit card statement as your receipt and proof of payment. Your permit is valid for 2 years from the date on your renewal notice.

*You must enclose a \$40.00 permit fee with the Application.
Make checks payable to: City of Fremont
Keep a copy for your records.*

For questions, please call 510-790-6755 or visit our website at www.fremontpolice.org.