CITY OF GLENDORA
Alarm Permit Coordinator
150 S. Glendora Ave. Glendora, CA. 91741-3498
Lisa G. Rosales, Chief of Police

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Please complete and sign this form and return it along with your payment.

ALARM TYPE: ___Burglar ___Medical/Fire ___Other ___Panic ___Robbery

LOCATION -			**RESPONSIBLE PARTY**		
NAME (LAST, FIRST OR BUSINESS NAME)			LAST, FIRST		
STR # STREET NAME APT/SUITE		eMAIL ADDRESS	STR # STREET NAME APT/SUITE		eMAIL ADDRESS
CITY, STATE ZIP			CITY, STATE ZIP		
Ph1	Ph2		Ph1 Ph2		
PHONE 1	PHONE 2		PHONE 1-2		

CONTACT PERSON 1			**CONTACT PERSON 2**		
NAME (LAST, FIRST)			NAME (LAST, FIRST)		
STR # STREET NAME APT/SUITE		eMAIL ADDRESS	STR # STREET NAME APT/SUITE		eMAIL ADDRESS
CITY, STATE ZIP			CITY, STATE ZIP		
Ph1 Ph2			Ph1 Ph2		
PHONE 1-2			PHONE 1-2		

SPECIAL CONDITIONS

MONITORED BY				
COMPANY NAME			COMPANY NAME	
ADDRESS (STR # STREET NAME APT/SUITE			ADDRESS (STR # STREET NAME APT/SUITE	
CITY, STATE ZIP			CITY, STATE ZIP	
PHONE 1	PHONE 2		PHONE 1	PHONE 2

_____ _____
APPLICANT'S SIGNATURE DATE

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Rec'd by:_____Date:_____Fee Paid:_____Ck. Number:_____Date Mailed:_____