

HUMBOLDT COUNTY SHERIFF'S OFFICE
APPLICATION FOR ALARM PERMIT

OFFICE USE ONLY [] New Alarm [] Renewal
Permit #
Approved (date)
Expires (date)

Please fill in COMPLETELY or the form will be returned.

Fill in (type or print) both sides of this application COMPLETELY and check boxes where appropriate. Please return the completed application and the alarm permit fee to the Humboldt County Sheriff's Office, 826 Fourth Street, Eureka, CA 95501, ATTENTION: Administrative Services Bureau. Please make a copy of your completed application, and keep for your records.

The undersigned acknowledges that the County of Humboldt reserves the right to disconnect, order disconnection, or terminate normal response to the alarm device when, in the opinion of appropriate authority in the County of Humboldt, continued operation of the alarm device would constitute a detriment to public health, safety, and welfare. The undersigned is responsible for any charges relating to disconnection or termination of the alarm device by the County of Humboldt.

It is expressly understood by the undersigned that any violation of the County of Humboldt Alarm Ordinance may result in a suspension or revocation of this permit and/or assessment as prescribed in the ordinance itself.

Name of Business
Name of Resident
Date of Birth
Physical Address (Not a P.O. Box)
Mailing Address
Telephone Number
Nearest Cross Street
2nd Cross Street
House/building numbers are posted:
Other identifiable features:

Gate Combination/Instructions

IF THE ABOVE IS A BUSINESS-COMplete THIS SECTION

Full name of owner/manager
Date of Birth
Permanent Mailing Address
Telephone Number

Emergency Contacts (to be contacted only if owner or resident is unavailable): List the names of three (3) persons other than yourself who can be called and who live within 45 minutes of this location, who will respond to the business/residence in case of emergency.

#1 Phone:
#2
#3

(The third responding person may be the alarm company representative IF no other persons are available. The alarm company representative MUST initial next to the company's name in this section if they accept this responsibility.)

The alarm company or person responsible for the maintenance of the system is: Alarm company accepts responsibility to respond: [X] No [] Yes

Name of Company Alarm Relay (monitoring only)
Address 111 S. Marshall Ave El Cajon, CA 92020
Telephone Number 800-762-9964
ALARM SIGNAL: [] Alarm has local bell ONLY, no signal is sent. [X] Connects with an alarm company.
TYPE OF ALARM (CHECK APPROPRIATE BOX) [] Residential [] Commercial

This location is equipped with the following types of alarms (check appropriate boxes) [] Burglar [] Hold-up / Panic [] Audible [] Silent
How activated? [] Ultrasonic [] Pressure Mat [] Switches [] Infrared [] Other:
Location of Alarm Box
Location of Posted Information
Alarm System has back-up power supply that operates system for: hours. Date alarm system will be operational:
Audible alarms ONLY: Alarm system automatically deactivates after: minutes.

I HEREBY STATE THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS CORRECT.

Signature of Owner or Authorized Agent: Date

HUMBOLDT COUNTY SHERIFF'S OFFICE

**WAIVER OF BURGLAR ALARM RESPONSE
BY THE HUMBOLDT COUNTY SHERIFF'S OFFICE**

The undersigned hereby authorizes the agent(s) listed below to waive (or cancel), at any time, any response by the Humboldt County Sheriff's Office to any burglar alarm sounding from the below-listed premises.

This waiver will continue in full force and effect until a written rescission of said waiver is tendered to the Humboldt Sheriff's Office by the undersigned or the agent of the undersigned listed below.

PLEASE PRINT OR TYPE CLEARLY.

Alarm Owner - Print _____

Address _____

Alarm Owner - Signature _____

Address where alarm is located (if different) _____

Date _____

AGENT(S) AUTHORIZED TO CANCEL RESPONSE

1. _____
Name - Print (Alarm Company Optional) Phone Number _____ Permit # for location/will use for code _____
2. _____
Name - Print Phone Number _____
3. _____
Name - Print Phone Number _____
4. _____
Name - Print Phone Number _____

**HUMBOLDT COUNTY SHERIFF'S OFFICE
ALARM PERMIT**

(YOU MUST COMPLETE THIS INFORMATION, EVEN IF YOU DO NOT COMPLETE THE UPPER PORTION OF THIS FORM.)

I have read, understand, and agree to the provisions of this Alarm Permit application.

Signed: _____

Owner Manager Resident

Date: _____

PLEASE ENTER THE FOLLOWING INFORMATION

Your Name: _____

Mailing Address: _____

FOR OFFICE USE ONLY

PERMIT NUMBER _____

APPROVED (DATE) _____

EXPIRES (DATE) _____

Michael T. Downey SHERIFF
County of Humboldt

By: _____