TT OF MALLAR Bagarred March Muth	CITY OF MALIBU Alarm Permit Application 23825 Stuart Ranch Road – Malibu, CA 90265-4861 Phone (310) 456-2489, ext. 298 Fax (310) 456-0339
Check one: ONew Application - \$56.00 Information change	
Date:	
FOR RESIDENTIAL ALARM SYSTEM:	
Owners Name:	Telephone:
Residence Address:	
Mailing address (if different from above)
If rented/leased occupants name:	Telephone:
FOR BUSINESS ALARM SYSTEM:	
Business name:	Telephone:
Address:	
Owners name:	Business License #
Owner's mailing address:	Telephone:
Manager:	Telephone:
RESIDENTIAL/BUSINESS EMERGENCY CONTACT INFORMATION: (Persons who can respond to secure location on a 24-hour basis)	
1.Name:	Telephone:
2.Name:	Telephone:
3.Name:	Telephone:
ALARM COMPANY INFORMATION:	
Type of alarm system: \Box Audible/bell	☐ Monitored/silent ☐ Panic/robbery ☐ Response ☐ Other
Alarm Company Name:	Telephone:
Address:	
Monitoring Company (if different):	
Central Station Telephone:	
Who installed the alarm system on the premises:	
I have read a copy of Chapter 8.08 of the Malibu Municipal Code:(Initial) Resident/Business Owner - Please fill out and return with payment to the City of Malibu	
Pursuant to the Public Records Act, this information is confidential except for law enforcement purposes	