

Merced County Sheriff
ALARM SYSTEM PERMIT APPLICATION

Official Use Only
Permit No: _____
Date
Entered: _____

Please read the ALARM SYSTEM PERMIT INFORMATION before completing this form!

LOCATION OF ALARM: _____ **Business** _____ **Residence**

Number of Alarm Systems: **Single** **Double** **Multiple**

Type of Alarm Signal: **Silent** **Audible** **Combination**

Business Name (if applicable): _____

Name of Business Owner or Resident: _____

Location Address: _____
(Number) (Street) (City) (Zip)

Mailing Address: _____
(Number) (Street) (City) (Zip)

Phone Number: (_____) _____ - _____

ALARM COMPANY INFORMATION

Please provide information pertaining to the alarm company that **monitors** your alarm system.

Alarm Co: _____ Phone: (_____) _____ - _____

EMERGENCY NOTIFICATION

Please list the names and phone numbers of at least two (2) persons authorized to respond to alarms and open the protected premises at any time:

Person 1: _____ Phone: (_____) _____ - _____

Person 2: _____ Phone: (_____) _____ - _____

I certify under penalty of perjury that the information I have given is true and correct to the best of my knowledge and belief. I understand and agree to notify the Merced County Sheriff of any changes within ten (10) days from the date such changes occur.

Date: _____ Signature: _____

ONE-TIME FEE \$20 / Each Alarm _____ **Total Due** _____

PLEASE REMIT FEE AND APPLICATION TO:
Mailing: Merced County Sheriff, Attention: Alarms, 2222 M Street, Merced, CA 95340
Physical: Merced County Sheriff, Attention: Alarms, 700 W 22nd Street, Merced, CA 95340