

**NATIONAL CITY POLICE DEPARTMENT  
ALARM PERMIT APPLICATION**



**ADOLFO GONZALES**  
Chief Of Police

**COMMERCIAL**

Name		Alarm Installation Date		
Street Address	Unit/Apt/Suite	City	Zip Code	Phone number
		NATIONAL CITY	91950	
<b>CITY OF NATIONAL CITY BUSINESS LICENSE NUMBER AND EXPIRATION DATE:</b>				
Any dogs, hazards or special comments regarding premises:				
<b>BILLING ADDRESS -</b>		Billing Name	Attention to:	
<input type="checkbox"/> Same as service address above <input type="checkbox"/> Different - Please complete info		Address (Street, Suite#, City, State, Zip)		
<b>CONTACT INFORMATION #1 (Please list the names of 2 authorized people who can respond in case of alarm)</b>				
Name/Title		Daytime Phone Number	Nighttime Phone Number	
<b>CONTACT INFORMATION #2</b>				
Name/Title		Daytime Phone Number	Nighttime Phone Number	
<b>ALARM COMPANY INFORMATION</b>				
Company Name		Contact		
Address		Phone number		
<b>TYPE OF ALARM SYSTEM</b>		<b>ARE THERE MORE THAN ONE ALARM SYSTEM AT THIS ADDRESS:</b>		<b>DO YOU HAVE SECURITY GUARDS ON PREMISES:</b>
Burglary:	<input type="checkbox"/> Audible: <input type="checkbox"/> Silent	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
Robbery:	<input type="checkbox"/> Audible: <input type="checkbox"/> Silent			
Panic:	<input type="checkbox"/> Audible: <input type="checkbox"/> Silent	<b>DOES GUARD CO. HAVE KEYS TO PREMISES</b>		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
<p><b>PERMITS ARE NOT TRANSFERABLE TO ANOTHER ALARM USER OR ALARM SITE, RENEWABLE EVERY 2 YEARS, WHEN A CHANGE OCCURES IN THE INFORMATION CONTAINED IN THE APPLICATION, THE PERMITTED SHALL GIVE THE ALARM ADMINISTRATOR WRITTEN NOTICE OF CHANGES WITHIN 5 WORKING DAYS OF THE THE DATE OF THE CHANGE BECOMES EFFICTIVE. (INCLUDING MOVING OUT OF LOCATION OR DISCONNECTION OF THE ALARM SYSTEM) THE POLICE DEPARTMENT WILL NOT RESPOND TO ANY MORE ALARM ACTIVATIONS AT THAT LOCATION UNTIL PERMIT HAS BEEN FILED AND PAID. FAILURE TO PAY ALARM FINES WILL RESULT IN AUTOMATIC NON-RESPONCE STATUS.</b></p> <p><b>PLEASE RETURN APPLICATION AND \$30.00 CHECK PAYABLE TO: CITY OF NATIONAL CITY</b>                  Alarm Program Coordinator                  1200 National City Blvd                  National City, CA 91950</p>				
Applicant Signature		Date		
<b>FOR OFFICE USE ONLY</b>				
Permit #		Check #	Amount \$	
Date Issued	Expiration Date:	Alarm Program Coordinator		