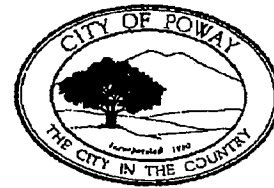


# CITY OF POWAY DEVELOPMENT SERVICES DEPARTMENT



## ALARM SYSTEM APPLICATION

Please Check One:  Residence  Business

Business or Resident Name: \_\_\_\_\_

Address (where alarm installed): \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

### EMERGENCY INFORMATION (Persons who may secure premises on a 24 hour basis):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name	Address	Phone No.
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### ALARM AND ALARM COMPANY INFORMATION

Monitoring Company: \_\_\_\_\_ Phone No. \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Type of Alarm:  Silent  Audible

Type of Response Requested:  Robbery  Fire  
 Burglary/Unauthorized Entry  
 Medical Emergency

APPLICATION FEE (One Time, Non-Transferable): \$ 69.00

Please make your check payable to: City of Poway

### MAIL APPLICATION AND CHECK TO:

Municipal Alarm Tracking  
P.O. Box 2490  
Valley Center, CA 92082  
1-800-749-9669  
1-760-749-8549 (FAX)

for office use only

Application Reviewed By: \_\_\_\_\_ Permit #: \_\_\_\_\_

