

City of Vista

Alarm System Permit Application

c/o MUNICIPAL ALARM TRACKING
P.O. Box 2490 Valley Center CA 92082-2490
800 749-9669 760 749-9669 fax 760 749-8549

Please Check One: Residence Business
City Business License (if applicable): _____

Business or Resident Name: _____

Alarm Address: _____

(Include new zip + 4)

Business or Residence Telephone Number: _____

Mailing Address (if different): _____

Date Alarm System Activated: _____

Business Owner(s) (if applicable)

1. _____

2. _____

Name

Address

Telephone Number

Emergency Information: [Persons who could secure the premises on a 24 hour basis]

1. _____

2. _____

3. _____

Name

Address

Telephone Number

Alarm System and Alarm Company Information

Alarm Company Name: _____

Address: _____

Telephone Number(s): _____

Type of Alarm:

Burglary/Unauthorized Entry

Panic/Emergency

Robbery/Hold up

Medical Emergency

Monitoring Company: _____ Tel.No. _____

OFFICE USE ONLY

Application reviewed by: _____ Permit Number Assigned: _____

REMIT FEE WITH COMPLETED APPLICATION IN ENVELOPE PROVIDED

No physical permit will be issued.