

## **Elk Grove Police Department Alarm Permit Application**

8400 Laguna Palms Way Elk Grove, CA 95758 (916) 478-8155

FOR	OFF1	ICE US	E ONI	LY	
Pern	nit Nu	mber			
Expi	res:				

\*\*\* Alarm Permit Registration forms are to be returned with a \$50.00 permit fee. Please make check payable to City of Elk Grove. Alarm Permits are valid for 3-years. Elk Grove PD will notify you in writing prior to your permit expiring. Permits are renewable at no cost to the alarm customer if renewed prior to permit expiring.\*\*\*

SIT	SITE ADDRESS (Address/City/State/Zip)						
COMMERCIAL	<b>Business Name:</b>						
	Business Phone #:						
	Mailing/Billing Address (If different from above):						
COIN	, , , , , , , , , , , , , , , , , , , ,						
	First/Last Name #1:						
RESIDENTIAL	Driver's License #:	Date of Birth:					
	Home Phone #:	Cell Phone #:					
	Work #:						
	First/Last Name #2:						
	Driver's License #:	Date of Birth:					
	Home Phone #:	Cell Phone #:					
	Work #:						
	Mailing/Billing Address (If different from above):						
7	<ul> <li>☐ Monitored – Complete below information</li> <li>☐ Video Surveillance on premise (please check if applicable)</li> </ul>	□ Non-Monitored					
ALARM	Monitoring Company Name:		Phone #				
A,	Monitoring Company Address:						
Sign	nature of Applicant	Date of Application					
(I ac	cknowledge that I am the applicant for the alarm permit or aut	horized agent for the applica	nt and that I/we accept				
	onsibility for payment of all fees and fines that may result from nise until such time I notify the Elk Grove Police Department 1						

Revised 04/20/2011 - LJB

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