



**RANCHO CORDOVA POLICE DEPARTMENT**  
**ALARM ORDINANCE BUREAU**  
 (916) 874-4616  
 (916) 874-8101-FAX

PERMIT NUMBER
CHECK#
AMOUNT

# ALARM PERMIT APPLICATION

**Type or Print. All copies must be legible. INCOMPLETE FORMS WILL NOT BE PROCESSED. Required Fields:**

Permit Type: Residential  Business  Government  School

Business Name (if applicable): \_\_\_\_\_

Applicant Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Site Address Number: \_\_\_\_\_ Street: \_\_\_\_\_ Suite: \_\_\_\_\_

Site City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address # (if different): \_\_\_\_\_ Street: \_\_\_\_\_ Suite: \_\_\_\_\_

Mailing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: Area Code ( ) - Number -

Phone 2: Area Code ( ) - Number -

Phone 3: Area Code ( ) - Number -

e-mail (optional): \_\_\_\_\_

Alarm Company: \_\_\_\_\_

<p><b><u>NON-REFUNDABLE PERMIT FEE</u></b></p> <p><b>\$ 50</b> if obtained within 15 days of installation/placement into service  <b>\$ 75</b> if obtained after 15 days of installation/placement into service.  <b>\$325</b> if obtained after 45 days of installation/placement into service  <b>\$42 service charge assessed on all returned checks.</b></p>	<p><b>MAKE CHECK PAYABLE TO AND REMIT PAYMENT WITH COMPLETED APPLICATION TO:</b></p> <p><b>SHERIFF'S ALARM BUREAU</b>  <b>P O Box 988</b>  <b>Sacramento, CA 95812-0988</b></p> <p>Website: <a href="http://www.sacsheriff.com">www.sacsheriff.com</a>  e-mail: <a href="mailto:alarms@sacsheriff.com">alarms@sacsheriff.com</a></p>
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A COPY OF THE CITY OF RANCHO CORDOVA ALARM ORDINANCE CAN BE OBTAINED BY CALLING (916) 851-8700.

SECTION 9.20/010 STATES THAT IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY FALSIFY OR CONCEAL ANY FACT(S) OR MAKE FALSE OR FRAUDULENT STATEMENT(S) IN ANY MANNER WITHIN THE JURISDICTION OF ANY DEPARTMENT OF THE COUNTY.

ADDITIONALLY, I ACCEPT RESPONSIBILITY FOR PAYMENT OF ALL FEES AND FINES THAT MAY RESULT FROM THE OPERATION OF THE ALARM SYSTEM SERVICING THE ABOVE PREMISES UNTIL SUCH TIME I NOTIFY THE SHERIFF'S ALARM BUREAU OF REMOVAL OF THE SYSTEM AND/OR RELOCATION. I AM ALSO RESPONSIBLE FOR NOTIFICATION TO THE SHERIFF'S DEPARTMENT OF ANY ALARM COMPANY CHANGES WITHIN 10 DAYS.

<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>
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