NATIONAL CITY POLICE DEPARTMENT ALARM PERMIT APPLICATION

(Residential)



RESIDENT INFORMATION						
Name	Alarm Installation Date					
RESIDENT ADDRESS						
Street Address	Unit/Apt/Suite		City		Zip	
IF OCCUPANT OF THE RESIDENCE IS OVER 70 YEARS OF AGE OR DISABLED, PERMIT FEE IS WAIVED (IF YES, PLEASE ATTACH DOCUMENTATION)						
Any dogs, hazards or special comments regarding the premises:						
DO YOU OWN THE RESIDENCE YES IF NOT, PLEASE PROVIDE NO INFORMATION		Address (Street, Suite #, City, State, Zip)				
CONTACT INFORMATION #1 (Please list the				no can resp		
Name/Title		Daytime Phone Number			Nighttime Phone Number	
CONTACT INFORMATION #2						
Name/Title		Daytime Phone Number			Nighttime Phone Number	
ALARM COMPANY INFORMATION						
Company Name		Contact				
Address			Phone Number			
TYPE OF ALARM SYSTEM:	AVE MORE	THAN ON	E ALARM S	SYSTEM AT THIS ADDRESS:		
Burglary Audible Silent Robbery Audible Silent Panic Audible Silent		YES			NO	
PERMITS ARE NOT TRANSERABLE TO ANOTHER ALARM USER OR ALARM SITE, AND IS RENEWABLE EVERY 2 YEARS WHEN A CHANGE OCCURS IN THE INFORMATION CONTAINED IN THE APPLICATION, THE PERMIT HOLDER SHALL GIVE THE ALARM ADMINISTRATOR WRITTEN NOTICE OF CHANGES WITHIN 5 WORKING DAYS OF THE DATE THE CHANGE BECOMES EFFECTIVE (INCLUDING MOVING OUT OF THE LOCATION OR DISCONNECTION OF THE ALARM SYSTEM) THE POLICE DEPARTMENT WILL NOT RESPOND TO ANY MORE ALARM ACTIVATIONS AT THAT LOCATION UNTIL THE PERMIT APPLICATION HAS BEEN FILED AND PAID. FAILURE TO PAY ALARM FINES WILL RESULT IN AUTOMATIC NON-RESPONSE STATUS.						
PLEASE RETURN APPLICATION AND \$30.00 CHECK PAYABLE TO:				CITY OF NATIONAL CITY Alarm Program Coordinator 1200 National City Blvd. National City, CA 91950-4501		
Applicant Signature				Date		
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Permit # Account #			Check #		Amt. Pd. \$	
Date Issued			Alarm Progra	m Coordinator	r	
Expiration Date			Ü			

Rev. 12/18/2012 PD-343R