

CITY OF PALO ALTO
POLICE DEPARTMENT



| |
|--------------------------------------|
| Date of Expiration _____ |
| Alarm Permit Number _____ |
| Date Issued _____ |
| Amount Paid _____ |
| New _____ Renewal _____ Change _____ |
| PDF/A Number _____ |

Please mail Application to:
Palo Alto Police Department
Attn: Alarm Officer
275 Forest Avenue
Palo Alto, CA 94301

CITY OF PALO ALTO ALARM PERMIT APPLICATION

1. Name of Alarm Company _____
2. Alarm Company Phone Number _____
3. Alarm Subscriber: Business or Resident Name _____
4. Business or Residence Owner _____
5. Address of Alarmed Location _____
6. Phone Number at Alarmed Location _____
7. Mailing Address _____ Attn: _____
8. City, State, Zip Code _____
9. You must list at least three persons who will respond, within 30 minutes, in the event of an alarm. These persons must also have a key to the premises and be able to reset a malfunctioning alarm and secure the premises.

| | Name | Day Phone | Night Phone | Cellphone |
|----|-------|-----------|-------------|-----------|
| A. | _____ | _____ | _____ | _____ |
| B. | _____ | _____ | _____ | _____ |
| C. | _____ | _____ | _____ | _____ |

10. Date: _____ Applicant Signature _____
11. Type of alarm: Robbery Intrusion Panic Burglary

Upon approval, a sticker with your permit number will be issued to you **and** must be posted and visible at the main entrance to your home or business.

Keep the bottom copy for your records.
You must enclose a \$35.00 permit fee with the Application.
Make Check Payable to: City of Palo Alto

OFFICE USE ONLY

ISSUED BY: _____