

**CITY OF PALO ALTO
POLICE DEPARTMENT**



For office use only:
 Alarm Permit Number _____
 Date of Expiration _____
 New _____ Renewal _____ Update _____

Mail application and checks to:

Palo Alto Police Department
 Attn: Alarm Officer
 275 Forest Avenue
 Palo Alto, CA 94301

CITY OF PALO ALTO ALARM PERMIT APPLICATION

1. Business or Residence Name _____
2. Address of Alarmed Location _____
 City _____ State _____ Zip _____
3. Phone Number at Alarmed Address _____
4. Billing Address _____
(If different than alarmed location. *not your alarm company billing address)
 City _____ State _____ Zip _____
 Attn. Person _____
5. Alarm Company _____
6. Alarm Company Phone Number _____
7. You must list at least three people who will respond, within 35 minutes, in the event of an alarm. These people 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	Cell Phone
A.	_____	() -	() -	() -
B.	_____	() -	() -	() -
C.	_____	() -	() -	() -

**Please include a \$40.00 fee with your alarm permit application and renewal.
 Make Checks Payable to "City of Palo Alto"**

When you receive your permit decal, please post the decal at the front entrance of your home or business.