



Gateway to the San Gabriel Valley

City of Alhambra

ALARM SYSTEM PERMIT APPLICATION

Permit Number: _____

Permit Issued: _____

Permit Expires: _____

(Please **print** firmly and clearly)

ADDRESS & APPLICANT INFORMATION

\$15.00 Annual Fee – (First 3 False Alarms waived each 12 month permit period)

****ALARM PERMIT IS ONLY VALID WITH CURRENT APPLICANT or ONLY VALID IF BUSINESS LICENSE IS CURRENT****

Alarm Location: _____ Alhambra, CA _____
Number/Street Apt/Unit/Suite Zip Code

Applicant Name: _____ Daytime Phone #: _____
Last First Middle Initial

If Commercial, Business Name: _____

Business License #: _____ Expiration Date: _____

Contact Person: _____ Business Phone #: _____ Cell Phone#: _____

BILLING ADDRESS IF DIFFERENT FROM ABOVE

Address: _____

City: _____ State: _____ Zip Code: _____

SYSTEM INFORMATION

(TYPE OF SYSTEM INSTALLED)

_____ AUDIBLE _____ SILENT _____ BURGLARY (intrusion) _____ OTHER (explain) _____

ALARM COMPANY RESPONSIBLE FOR MAINTENANCE OF SYSTEM:

Company Name _____ Phone # _____

Company Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Phone # _____ Contact Person _____ Phone# _____

Please return the completed application and the \$15.00 fee to the City of Alhambra, 111 S. First Street, Alhambra, CA 91801 (Finance Dept). All information on this application shall be kept current and the applicant agrees to correct any information within 10 days of any changes. (ALARM PERMIT IS NOT TRANSFERABLE)

SIGNATURE & TITLE _____ DATE _____

OFFICE USE ONLY-DO NOT WRITE IN HERE

Alarm Company Business License #: _____ Expiration Date: _____

Payment received on: _____ Processed by: _____