



CITY OF EL MONTE

POLICE DEPARTMENT

Chief
STEVE SCHUSTER

Captain
GEORGE HOPKINS

Captain
DANIEL BUEHLER

Captain
SANTOS HERNANDEZ

Captain
KEN ALVA

ALARM PERMIT APPLICATION

(Please type or print & do not leave any blanks)

<i>For office use only - do not write in here</i>	
App. rec'd: _____	
<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> without fees	
Fees rec'd ____/____/____. Paid \$ ____	
Cash, Money Odr, Check # _____	
Approved _____ Date: ____/____/____	
Denied _____ Date: ____/____/____	
Processed by: _____	

Application Type (check one) New Renewal Update Existing Permit No. _____

Alarm Type (check all that apply) Burglary Robbery Audible Silent Other: _____

Alarm Street Address: _____

Street Address
Apt/Suite #
City, State, Zip

If located in apartment, shopping center, office complex, etc., please provide Complex Name: _____

APPLICANT INFORMATION/ ALARM LOCATION

Business/Resident Name _____ (Last, First, Middle) Home Phone No. _____

Address _____ (Street, Apt #, City, State, Zip) Business Phone No. _____

_____ Pager / Cell Phone No. _____

Property Owner Name _____

Property Owner Address _____ Emergency Backline Phone No. _____

EMERGENCY CONTACTS – Who can we contact in case of emergency? (You must list at least two (2) contacts living 30 minutes or less away)

Contact Name _____ Home Phone No. _____

Contact Address _____ Business Phone No. _____

_____ Pager / Cell Phone No. _____

Contact Name _____ Home Phone No. _____

Contact Address _____ Business Phone No. _____

_____ Pager / Cell Phone No. _____

Contact Name _____ Home Phone No. _____

Contact Address _____ Business Phone No. _____

_____ Pager / Cell Phone No. _____

ALARM COMPANY INFORMATION

Company Name _____ Phone No. _____

Address _____

_____ ACO No. _____

I have received a copy of the El Monte City Ordinance pertaining to alarm systems. I certify under penalty of perjury that the information furnished is true to my best belief. All alarm equipment meets the standards set forth in section 5.102.060. I am aware of the penalties associated with false alarms. Furthermore, I am aware that if my alarm permit is revoked due to non-compliance of EMMC – Section 5.102.090, police response may be discontinued to any subsequent alarm calls at my address.

Applicant's Title: Owner / Tenant
(circle One)

Signature of Applicant _____ Print Name _____ Date _____

(This form cannot be processed without a signature and date)