



Alarm Permit Application

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ONLINE FORM (<http://ca-sanmarino.civicplus.com/FormCenter/Police-4/Alarm-Permit-Application-69>)

The City requires that all alarm users possess a city permit to operate alarms. Alarm permit applications are processed through the Police Department and they are responsible for all matters involving alarm permits.

In order to provide you with the best possible service and protection, the Police Department has established the following guidelines for alarm permit applications:

Complete the Alarm Application Form provided. If the emergency information changes during the course of the year, contact Administrative Analyst Lara Kihajjian and have your records updated.

Prepare a check or money order payable to "City of San Marino" for the proper amount according to the following permit fee schedule:

Starting Alarm Permit Fee:

Residential - \$15.00

Commercial - \$15.00

*Every January permit applications must be renewed.

ALL APPLICATIONS SUBMITTED AFTER JANUARY 31st WILL NEED TO BE ACCOMPANIED WITH A \$100.00 CHECK. PAYABLE TO THE CITY OF SAN MARINO.

Return the Alarm Permit Application and payment to the Police Department. It is in your best interest to make sure your alarm system is in proper working order. False alarms are substantial strain on the police services and are subject to fines according to the following schedule.

False Alarm Notification and Penalties

(City of San Marino Municipal Code Section 14.01.07)

1 through 3 - No Charge

4 and 5 - \$200.00

6 or more - \$1,000.00

The "Notice of False Alarm" left by the officer who responds to the house or business are considered your notification of police response.

*These guidelines are subject to change without further notice.



"Pride in Service"

ALARM SYSTEM PERMIT APPLICATION

PLEASE CHECK PERTINENT PERMIT

<input type="checkbox"/> Resident Permit	<input type="checkbox"/> New	<input type="checkbox"/> Change of Alarm
<input type="checkbox"/> Commercial Permit	<input type="checkbox"/> Renewal	<input type="checkbox"/> Change of Address
<input type="checkbox"/> Change of phone number		
Resident Full Name (Last, First, Middle) or Business Name		
Name of Responsible Party for the Alarm System		
Address		
Alarm Premise Phone Number	Alternate Phone Number	Cell Phone Number
Billing Address(if different from above)		

In an emergency response the responsible party listed above will be the first person contacted. If the responsible party cannot be reached, we will contact the person(s) listed below. You must list two other responsible parties who will respond to the alarm location within 30 minutes of the alarm activation, if requested to do so. The two individuals must have the ability to reset or deactivate the alarm system.

Contact Name #1 (Last, First, Middle)		
Home Phone Number	Business Phone Number	Cell Phone Number
Contact Name # 2(Last, First, Middle)		
Home Phone Number	Business Phone Number	Cell Phone Number

Name of Alarm Company	Phone Number
Address(street, city, state, zip)	

Are there any weapons at the alarm location?(if yes, please describe)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hazardous materials stored at the alarm location?(if yes please describe)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any dogs at this location?	If dogs, where are they?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside

MAIL APPLICATION AND PAYMENT TO:
 Please mail check for \$15.00 payable to the
 "City of San Marino" and your completed application to:
 City of San Marino Police Department
 Alarm Processing
 2200 Huntington Drive, San Marino, CA 91108

Notice: If payment is not received by the January 31ST deadline, a \$100 penalty will be incurred.

FOR OFFICE USE ONLY

PERMIT #
DATE RECEIVED:
EXPIRATION DATE: