



# CITY OF PLACERVILLE ALARM PERMIT

PERMIT NO. \_\_\_\_\_

### LOCATION OF ALARM

NAME OF BUSINESS: \_\_\_\_\_

NAME OF RESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STREET: \_\_\_\_\_ APT/SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

### MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)

ADDRESS: \_\_\_\_\_ STREET: \_\_\_\_\_ APT/SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**EMERGENCY CALL LIST:** Please list persons to be contacted locally in case of emergency someone must respond to your alarm within 20 minutes and bring keys to the building.

NAME	DAY PHONE	NIGHT PHONE

### ALARM INFORMATION:

TYPE OF ALARM:  AUDIBLE  SILENT

NAME & PHONE NUMBER OF COMPANY THAT **INSTALLED** YOUR ALARM.

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME & PHONE NUMBER OF COMPANY THAT **MONITORS** YOUR ALARM.

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### FOR OFFICE USE ONLY

PERMIT

NEW

RENEWAL

CHANGE

PAID \$ \_\_\_\_\_

RECEIPT # \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED:

\_\_\_\_\_  
Chief of Police

DATE \_\_\_\_\_

**PLACERVILLE POLICE DEPT. • 730 MAIN STREET • PLACERVILLE, CA 95667 • 530-642-5210**

WHEN VALIDATED – 1. PERMIT COPY

2. FINANCE COPY

3. COPY TO PERMIT APPLICANT

Return this completed form with your payment to the

Placerville Police Department, 730 Main St., Placerville, CA 95667