

ADMINISTRATIVE SERVICES DEPARTMENT Alarm Permit Application

303 West Commonwealth Avenue, Fullerton, CA 92832-1775

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DIFACE	TYPE OF DE	O TIMIC	COMPL	CTC AI	LINEO		ON			
	TYPE OR PE	KINI &								
TYPE OF APPLICATION:	∐ NEW _		_ RENEWA	RENEWAL		PERMIT #				
TYPE OF PREMISES		CIAL [RESIDE	NTIAL						
PREMISES ADDRESS:										
PERMITTEE'S NAME:										
MAILING ADDRESS:										
	STREET APT/STE CITY STATE ZIP ALTERNATE NUMBER									
RESPONSIBLE PERSON: (A	Alternate):									
Person to call in case of an emerg	ency (check one):		☐Manager	☐Employ	ee □Family	member	□Neigh	bor	☐Friend	
ADDRESS:										
			APT/S	STE	CITY	STA	TE	ZIP		
TELEPHONE NUMBER:										
RESPONSIBLE PERSON: (A	Alternate):									
Person to call in case of an emerg			Manager	Employ	ree	member	□Neigh	bor	Friend	
ADDRESS:										
	STREET		APT/S	STE	CITY	STA	TE	ZIP		
TELEPHONE NUMBER:			BUS	SINESS						
TYPE OF ALARM	■ AUDIBLE	[SILENT		☐ FIRE			ME	DICAL	
ALARM COMPANY:										
TELEPHONE NUMBER:										
TYPE OF SENSORS:		[BEAM		☐ PRESS	SURE				
	OTHER (DE	SCRIBE)	:							
LOCATION OF SENSORS (WINDOWS, DOOF	RS, ETC.):								
·		•							_	
APPLICANT'S SIGNATURE:				DATE:						
	F	OR OFF	ICE USE C	NLY						
DATE RECEIVED:	_ DATE ENTERED	:	FEES I	PAID:		CH	HECK#			
RECEIVED BY:	ENTERED BY:		PERMI	Т#:	EXPIRATION DATE:					
BR KEY				APPRO	VFD BY	y :				