



RESIDENTIAL BURGLARY ALARM PERMIT APPLICATION

THE CITY OF CHULA VISTA MUNICIPAL CODE 9 06 REQUIRES
ALL ALARM SYSTEMS HAVE A VALID PERMIT.

SERVICE DESCRIPTION	COST
24 MONTH ALARM PERMIT FEE	\$50.00
AMOUNT DUE	

INSTRUCTIONS

Please provide the information requested below and return this form with a check or money order, made payable to **CITY OF CHULA VISTA**, for the **TOTAL AMOUNT DUE**. Submit payment by mail in the enclosed envelope to City of Chula Vista, ALARMS, Payment Processing Center, P O Box 7549, Chula Vista, CA 91912-7549. You will receive your alarm permit decal by mail. If you have any questions regarding your application, please contact the Alarm Program at (619) 585-5719.

RESIDENT NAME: _____

SYSTEM ADDRESS: _____

CITY: _____ ZIP: _____

RESIDENCE TELEPHONE NUMBER(S): _____

BILLING CONTACT NAME: _____ PHONE: _____

BILLING ADDRESS: _____
(If different than system address)

CITY: _____ ZIP: _____

ADDITIONAL NUMBERS (work, cell, pager, etc.): _____

ALARM SYSTEM COMPANY NAME: _____

ALARM MONITORING COMPANY NAME: _____

OFFICE USE ONLY

Application received by: _____ Date: _____

Permit Number: _____ Paid by: Cash Check # _____
Revised 07/24/2007



COMMERCIAL BURGLARY ALARM PERMIT APPLICATION

THE CITY OF CHULA VISTA MUNICIPAL CODE 9 06 REQUIRES
ALL ALARM SYSTEMS HAVE A VALID PERMIT.

SERVICE DESCRIPTION	COST
24 MONTH ALARM PERMIT FEE	\$100.00
AMOUNT DUE	

INSTRUCTIONS

Please provide the information requested below and return this form with a check or money order, made payable to **CITY OF CHULA VISTA**, for the **TOTAL AMOUNT DUE**. Submit payment by mail in the enclosed envelope to City of Chula Vista, ALARMS, Payment Processing Center, P O Box 7549, Chula Vista, CA 91912-7549. You will receive your alarm permit decal by mail. If you have any questions regarding your application, please contact the Alarm Program at (619) 585-5719.

BUSINESS NAME: _____

SYSTEM ADDRESS: _____

CITY: _____ ZIP: _____

BILLING ADDRESS: _____
(If different than system address)

CITY: _____ ZIP: _____

BUSINESS TELEPHONE NUMBER(S): _____ FAX: _____

BUSINESS CONTACT NAME: _____

BUSINESS CONTACT NUMBER(S): _____

ALARM SYSTEM COMPANY NAME: _____

ALARM MONITORING COMPANY NAME: _____

OFFICE USE ONLY

Application received by: _____ Date: _____

Permit Number: _____ Paid by: Cash Check # _____