



City of Carlsbad
Finance Department
 Alarm System Permit Application
 1635 Faraday Avenue
 Carlsbad, CA 92008

Phone: 760-602-7555

Fax: 760-602-8553

*****FORM MUST BE COMPLETED IN ITS ENTIRETY PER
 SECTION 8.50.030, ORDINANCE NS-68 & 7, TITLED ALARM SYSTEMS*****

Please Check One: Residence Business

City Business License (if applicable): _____

Alarm User Name: _____

Alarm Location Address: _____

City, State and Zip Code (include zip +4): _____

Alarm Location Telephone Number: _____

Mailing Address (if different): _____

City, State and Zip Code (include zip +4): _____

E:Mail address: _____

Date Alarm System Activated: _____

(This information must be provided)

Business Owner(s) (if applicable):

	<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>
1.	_____		
2.	_____		

REQUIRED FIELD

Emergency Information (Persons who could secure the premises on a 24-hour basis if you are not available):

	<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>
1.	_____		
2.	_____		

Alarm System and Alarm Company Information:

Alarm Company Name: _____

Address: _____

Telephone Number(s): _____

Type of alarm: Burglary/Unauthorized Panic/Emergency
 Robbery/Hold up Medical Emergency

Monitoring Company: _____ Phone: _____

OFFICE USE ONLY

Application reviewed by: _____ Permit Number Assigned: _____

If you would like your permit number, please call us approximately seven (7) days after mailing this form. **No physical permit will be issued.**