



**CITY OF LEMON GROVE**  
 3232 Main Street  
 Lemon Grove, CA 91945  
 (619) 825-3800  
 www.ci.lemon-grove.ca.us

# ALARM SYSTEM PERMIT APPLICATION

**Alarm Permit Fee: \$75.00**

PLEASE PRINT

PART 1

APPLICANT'S NAME \_\_\_\_\_  
 (Last) (First) (Middle)

MAILING ADDRESS \_\_\_\_\_  
 (Number) (Street) (City) (Zip)

ADDRESS WHERE ALARM IS INSTALLED [ ] Residence [ ] Business  
 \_\_\_\_\_  
 (Number) (Street) (City) (Zip)

BUSINESS NAME (If Applicable) \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL ADDRESS (Optional) \_\_\_\_\_

PART II

TYPE OF SIGNAL: [ ] SILENT [ ] AUDIBLE [ ] COMBINATION

ALARM COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 (Number) (Street) (City) (Zip)

LIST NAME AND PHONE NUMBERS OF TWO (2) PERSONS (OR LICENSED ALARM COMPANY) AUTHORIZED TO RESPOND TO ALARMS AND OPEN THE PROTECTED PREMISES AT ANY TIME:

1. \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_ PHONE \_\_\_\_\_

I certify under penalty of perjury that the information I have given is true and correct to the best of my knowledge and belief. I understand and agree to having all required notices, unless otherwise specified, sent by U.S. mail to the address given on the application and to notify the City of Lemon Grove of any changes in the written information in the application within 10 days from the date such changes occur.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

Check One: [ ] Cash [ ] Check [ ] Visa [ ] M/C [ ] Discover  
*If paying by credit card, please complete the following and sign:*

Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR CITY USE ONLY** RECEIPT # \_\_\_\_\_ CHECK# \_\_\_\_\_ DATE \_\_\_\_\_