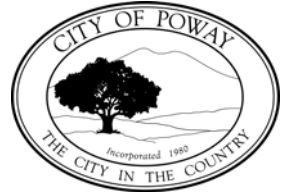


# CITY OF POWAY DEVELOPMENT SERVICES DEPARTMENT



## ALARM SYSTEM APPLICATION

Please Check One:          Residence                                  Business

Name:

Address (where alarm installed):

Mailing Address (if different than above):

Telephone Number:

Date of Occupancy:

EMERGENCY INFORMATION (Persons who may secure premises on a 24 hour basis):

1.

2.

3.

Name

Address

Phone No.

## ALARM AND ALARM COMPANY INFORMATION

Monitoring Company:

Phone No.

Alarm Company Name:

Phone No.

Address:

Type of Alarm:          Silent

Audible

Type of Response Requested:

Robbery

Fire

Burglary/Unauthorized Entry

Medical Emergency

APPLICATION FEE (One Time, Non-Transferable): \$69.00

Please make your check payable to: **City of Poway**

### MAIL APPLICATION AND CHECK TO:

Municipal Alarm Tracking  
P.O. Box 2490  
Valley Center, CA 92082  
1 800 749-9669

*FOR OFFICE USE ONLY*

Application Reviewed By: \_\_\_\_\_ Permit #: \_\_\_\_\_