

**NATIONAL CITY POLICE DEPARTMENT
ALARM PERMIT APPLICATION**



ADOLFO GONZALES
Chief Of Police

RESIDENTIAL

Name		Alarm Installation Date		
Street Address	Unit/Apt/Suite	City	Zip Code	Phone number
		NATIONAL CITY	91950	
IF OCCUPANT OF THE RESIDENCE IS OVER 70 YEARS OF AGE OR DISABLED PERMIT FEE IS WAIVED (IF YES PLEASE ATTACH DOCUMENTATION)				
Any dogs, hazards or special comments regarding premises:				
DO YOU OWN THE RESIDENCE <input type="checkbox"/> YES IF NOT, PLEASE <input type="checkbox"/> NO PROVE INFORMATION		Address (Street, Suite#, City, State, Zip)		
CONTACT INFORMATION #1 (Please list the names of 2 authorized people who can respond in case of alarm)				
Name/Title		Daytime Phone Number		Nighttime Phone Number
CONTACT INFORMATION #2				
Name/Title		Daytime Phone Number		Nighttime Phone Number
ALARM COMPANY INFORMATION				
Company Name		Contact		
Address		Phone number		
TYPE OF ALARM SYSTEM		DO YOU HAVE MORE THAN ONE ALARM SYSTEM AT THIS ADDRESS:		
Burglary:	<input type="checkbox"/> Audible: <input type="checkbox"/> Silent	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Robbery:	<input type="checkbox"/> Audible: <input type="checkbox"/> Silent			
Panic:	<input type="checkbox"/> Audible: <input type="checkbox"/> Silent			
<p>PERMITS ARE NOT TRANSFERABLE TO ANOTHER ALARM USER OR ALARM SITE, RENEWABLE EVERY 2 YEARS, WHEN A CHANGE OCCURES IN THE INFORMATION CONTAINED IN THE APPLICATION, THE PERMITTED SHALL GIVE THE ALARM ADMINISTRATOR WRITTEN NOTICE OF CHANGES WITHIN 5 WORKING DAYS OF THE THE DATE OF THE CHANGE BECOMES EFFICTIVE. (INCLUDING MOVING OUT OF LOCATION OR DISCONNECTION OF THE ALARM SYSTEM) THE POLICE DEPARTMENT WILL NOT RESPOND TO ANY MORE ALARM ACTIVATIONS AT THAT LOCATION UNTIL PERMIT HAS BEEN FILED AND PAID. FAILURE TO PAY ALARM FINES WILL RESULT IN AUTOMATIC NON-RESPONCE STATUS.</p> <p>PLEASE RETURN APPLICATION AND \$30.00 CHECK PAYABLE TO: CITY OF NATIONAL CITY Alarm Program Coordinator 1200 National City Blvd National City, CA 91950</p>				
Applicant Signature		Date		
FOR OFFICE USE ONLY				
Permit #		Check #		Amount \$
Date Issued	Expiration Date:	Alarm Program Coordinator		