Account No. _____

CITY OF EL CAJON
ALARM CLERK
200 Civic Center Way, El Cajon, CA 92020
(619) 579-3367

SECURITY ALARMS – NO FEE APPLICATION

Section 5.84.040 of the El Cajon Municipal Code Requires that all security alarms within the City be licensed. This licensing process allows us to be able to contact you in case of emergency. For questions regarding Alarm Permits, you may call us at (619) 579-3367.

Section 5.84.080 of the El Cajon Municipal Code states that within ten days following any change of circumstances which renders obsolete any of the information submitted, the permittee shall file an amendment to the application.

PLEASE COMPLETE THE FOLLOWING APPLICATION AND RETURN IT TO US AT THE ABOVE ADDRESS. WE WILL RETURN YOUR ALARM PERMIT BY MAIL.

Alarm (Please check one) Residential Commercial

ALARM LOCATION: RESIDENTIAL

Applicant/Resident Name _____ Home Phone No. _____
Last First Middle

Address _____ Business Phone No. _____
Street Apt. #

_____ Pager/Cell Phone No. _____
City State Zip

ALARM LOCATION: COMMERCIAL

Business Name _____ Business Phone No. _____

Business Address _____ Backline Emergency Phone No. _____
Street

_____
City State Zip

Property Owner Name _____ Phone No. _____
Last First

Property Owner Address _____
Street City Zip

MAILING ADDRESS (If other than above)

_____
Street City State Zip

MONITORING COMPANY

Name _____ Phone No. _____

I declare under penalty of making a false statement, that the information contained in this application form is true, correct and complete.

Signature of Applicant _____ Date _____