



Gateway to the  
San Gabriel Valley

# City of Alhambra

## ALARM SYSTEM PERMIT APPLICATION

Permit Number: \_\_\_\_\_

Permit Issued: \_\_\_\_\_

Permit Expires: \_\_\_\_\_

(Please **print** firmly and clearly)

### ADDRESS & APPLICANT INFORMATION

**\$15.00 Annual Fee – (First 3 False Alarms waived each 12 month permit period)**

**\*\*ALARM PERMIT IS ONLY VALID WITH CURRENT APPLICANT or ONLY VALID IF BUSINESS LICENSE IS CURRENT\*\***

Alarm Location: \_\_\_\_\_ Alhambra, CA \_\_\_\_\_  
Number/Street Apt/Unit/Suite Zip Code

Applicant Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
Last First Middle Initial

If Commercial, Business Name: \_\_\_\_\_

Business License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

### BILLING ADDRESS IF DIFFERENT FROM ABOVE

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### SYSTEM INFORMATION

**(TYPE OF SYSTEM INSTALLED)**

\_\_\_\_\_ AUDIBLE \_\_\_\_\_ SILENT \_\_\_\_\_ BURGLARY (intrusion) \_\_\_\_\_ OTHER (explain) \_\_\_\_\_

**ALARM COMPANY RESPONSIBLE FOR MAINTENANCE OF SYSTEM:**

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone# \_\_\_\_\_

*Please return the completed application and the \$15.00 fee to the City of Alhambra, 111 S. First Street, Alhambra, CA 91801 (Finance Dept). All information on this application shall be kept current and the applicant agrees to correct any information within 10 days of any changes. (ALARM PERMIT IS NOT TRANSFERABLE)*

\_\_\_\_\_  
**SIGNATURE & TITLE** **DATE**

### OFFICE USE ONLY-DO NOT WRITE IN HERE

Alarm Company Business License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Payment received on: \_\_\_\_\_ Processed by: \_\_\_\_\_