



ADMINISTRATIVE SERVICES DEPARTMENT
Alarm Permit Application

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PLEASE TYPE OR PRINT & COMPLETE ALL INFORMATION

TYPE OF APPLICATION: [] NEW [] RENEWAL PERMIT # _____

TYPE OF PREMISES [] COMMERCIAL [] RESIDENTIAL

PREMISES ADDRESS: _____

PERMITTEE'S NAME: _____
RESIDENT OR FIRM NAME

MAILING ADDRESS: _____
STREET APT/STE CITY STATE ZIP

TELEPHONE NUMBER: _____ ALTERNATE NUMBER _____

RESPONSIBLE PERSON: (Alternate): _____

Person to call in case of an emergency (check one): [] Owner [] Manager [] Employee [] Family Member [] Neighbor [] Friend

ADDRESS: _____
STREET APT/STE CITY STATE ZIP

TELEPHONE NUMBER: _____
RESIDENCE BUSINESS

RESPONSIBLE PERSON: (Alternate): _____

Person to call in case of an emergency (check one): [] Owner [] Manager [] Employee [] Family Member [] Neighbor [] Friend

ADDRESS: _____
STREET APT/STE CITY STATE ZIP

TELEPHONE NUMBER: _____
RESIDENCE BUSINESS

TYPE OF ALARM: [] AUDIBLE [] SILENT [] FIRE [] MEDICAL

ALARM COMPANY: _____

TELEPHONE NUMBER: _____

TYPE OF SENSORS: [] CONTACT [] BEAM [] PRESSURE

[] OTHER (DESCRIBE): _____

LOCATION OF SENSORS (WINDOWS, DOORS, ETC.): _____

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ DATE ENTERED: _____ FEES PAID: _____ CHECK # _____

RECEIVED BY: _____ ENTERED BY: _____ PERMIT #: _____ EXPIRATION DATE: _____

BR KEY _____

APPROVED BY: _____