



CITY OF MALIBU

Alarm Permit Application

23815 Stuart Ranch Road – Malibu, CA 90265-4861
Phone (310) 456-2489, ext. 222 Fax (310) 456-0339

Check one: New Application - \$49.00 Information change

Date: _____

FOR RESIDENTIAL ALARM SYSTEM:

Owners Name: _____ Telephone: _____

Residence Address: _____

Mailing address (if different from above) _____

If rented/leased occupants name: _____ Telephone: _____

FOR BUSINESS ALARM SYSTEM:

Business name: _____ Telephone: _____

Address: _____

Owners name: _____ Business License # _____

Owner's mailing address: _____ Telephone: _____

Manager: _____ Telephone: _____

RESIDENTIAL/BUSINESS EMERGENCY CONTACT INFORMATION:

(Persons who can respond to secure location on a 24-hour basis)

1.Name: _____ Telephone: _____

2.Name: _____ Telephone: _____

3.Name: _____ Telephone: _____

ALARM COMPANY INFORMATION:

Type of alarm system: Audible/bell Monitored/silent Panic/robbery Response Other

Alarm Company Name: _____ Telephone: _____

Address: _____

Monitoring Company (if different): _____

Central Station Telephone: _____

Who installed the alarm system on the premises: _____

I have read a copy of article IV, Chapter 8 of the Malibu Municipal Code: _____ (Initial)
Resident/Business Owner - Please fill out and return with payment to the City of Malibu

Pursuant to the Public Records Act, this information is confidential except for law enforcement purposes