



VINCENT AVILA  
CHIEF OF POLICE

# City of South Gate

8620 CALIFORNIA AVENUE • SOUTH GATE, CA 90280 • (323) 563-5400  
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*For  
866  
597-0291*

DESTINATION FAX NO:

TO: Tracey

FROM: Wretton

DATE: 8-27-09 TIME: \_\_\_\_\_

REGARDING: alarm info

TOTAL NO. OF PAGES INCLUDING COVER: 4

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SOUTH GATE POLICE DEPARTMENT DETECTIVE BUREAU  
FAX NO. (323) 563-9580

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323-563- 5418**

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**ROBERT M. TODD**  
CHIEF OF POLICE

Dear Alarm Owner:

As of June 13, 2006, City of South Gate Municipal Code 7.66.020 Alarm System Registration and Fees, amended Alarm Ordinance 1864.

This Ordinance requires all alarm users (other than vehicles) to register their alarm system within two weeks of installation and pay a \$27.00 registration fee. An annual renewal fee of \$16.00 will be due and payable on/or before the expiration date of the original registration. A notice of renewal fee will be generated indicating amount and due date.

Public agencies that provide primary response to the alarm system will be exempt from the registration fee.

All alarm users are required to notify the Chief of Police within 15 days if there is a change in any information noted on the registration form. There are no fees to make these changes.

If an alarm owner fails to register an alarm system after receiving written notification of the alarm system registration requirements, a \$108.00 penalty fee will be charged.

In any 12-month period, if an alarm user has a 4th, 5th, 6th or 7th false alarm, there will be a \$92.00 penalty fee charged for each false alarm, due and payable within 30 days after billing. In any 12-month period, if an alarm user has an 8th, or more false alarms, there will be a \$183.00 penalty fee charged for each false alarm, due and payable within 30 days after billing.

Any false alarm after the third false alarm, the Chief of Police may place the alarm system on a "non-response" status where such alarm system has signaled more than three false alarms in any 12-month period, OR where the alarm owner has failed to pay any service charge and related late payment charge imposed for a false alarm within 30 days after billing. When the Chief of Police receives convincing evidence that the alarm owner has corrected all problems relating to the alarm system and has paid all fees and charges, the Chief may terminate the "non-response" status.

Failure to make full and timely payment of any service charge will result in a late payment charge.

If you have any questions, please call Loretta Gonzales at 323/ 563-5459

**SOUTH GATE POLICE DEPARTMENT  
ALARM REGISTRATION INFORMATION**

**There is a \$27 fee to register a new alarm system and a \$16 fee for renewal. You must register immediately. All blanks must be filled in or your form will be returned to you, and your system will not be registered.**

Address where alarm is located: \_\_\_\_\_

Business/Resident's Name: \_\_\_\_\_

Telephone Number where alarm is located: \_\_\_\_\_

If this is a business, name of owner: \_\_\_\_\_

Date alarm was installed: \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_

Alarm Company phone number: \_\_\_\_\_

Type of Alarm: (Check those that apply)

Silent: \_\_\_\_\_ Audible: \_\_\_\_\_

**Mail completed form to:**

**South Gate Police Department - Detective Bureau  
8620 California Avenue  
South Gate, CA 90280**

Signature of Applicant:

Date completed:

Alarm Amount Fee Paid at Police Department/City Hall: \_\_\_\_\_

If you have any questions about the requirements to register, or this form, please call:  
Loretta Gonzales, South Gate Police Department, (323) 563-5459

**Emergency Location Information**

**Business Name/Address:** \_\_\_\_\_

**Resident Name/Address:** \_\_\_\_\_

**Cross Street                      Type of Business                      Phone No. at Business**

\_\_\_\_\_

Please list the persons you want contacted in an emergency, in the order you wish them to be called. Please include yourself.

<i>Name</i>	<i>Title</i>	<i>Home Phone</i>	<i>Time To Respond</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Security Guard or Patrol Services and Hours on Duty:**

4. \_\_\_\_\_

**Days and Hours Business Is Normally Open:**

<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thur.</b>	<b>Fri.</b>	<b>Sat.</b>	<b>Sun.</b>
_____	_____	_____	_____	_____	_____	_____

**Number of Employees at Business:** \_\_\_\_\_ **Do you have a dog?** \_\_\_\_\_

**Where is the gas shut off:** \_\_\_\_\_

**Where is the electrical shut off:** \_\_\_\_\_

**Do you have any hazardous chemicals or conditions?** \_\_\_\_\_

**Do you have any hazardous materials contact person?** \_\_\_\_\_

**What type of business are next to you?** \_\_\_\_\_

**Do you leave on any night lights?** \_\_\_\_\_

**Do you have any equipment available for use in a disaster situation?**

\_\_\_\_\_