



CITY OF MONTEREY PARK ALARM PERMIT APPLICATION

Date: _____

Permit#: _____

Residential: _____

Commercial: _____

Name of Applicant: _____

Name of Business (if applicable): _____

Business License#: _____

Telephone: () _____ () _____
Home (If Applicable) Business

Address (location of alarm system)

_____, Monterey Park, CA 91754/91755
Number Street

ALARM COMPANY:

SERVICE COMPANY (if different):

Name: _____

Name: _____

Telephone: () _____

Telephone: () _____

Address: _____

Address: _____

City: _____, Zip: _____

City: _____, Zip: _____

Date of Alarm Installation or Change: _____

TYPE OF ALARM:

Burglary (central station monitored): _____

Robbery (hold-up): _____

Burglary (local audible): _____

Other (Explain): _____

APPLICATION FEE _____

Please remit fee of _____ and completed application to the Monterey Park Police Department,
320 W. Newmark Avenue, Monterey Park, CA 91754. Attn.: Community Relations Bureau

All information on this application shall be kept current and the applicant agrees to correct any information within
20 days of any changes.

Any questions or concerns contact Community Relations Bureau (626) 307-1215

Signature/Date