

NATIONAL CITY POLICE DEPARTMENT
ALARM PERMIT APPLICATION
 (Commercial)



Jose Tellez
 Chief of Police

APPLICANT INFORMATION

Name	Alarm Installation Date
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SERVICE ADDRESS (ALARM LOCATION)

Street Address	Unit/Apt/Suite	City	Zip
		National City	91950-

CITY OF NATIONAL CITY BUSINESS LICENSE NUMBER **EXPIRATION DATE**

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E-Mail:	Any dogs, hazardous materials or special comments regarding the premises:
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BILLING ADDRESS Same as service address above Different: Please complete information	Billing Name	Attention To:
	Address	

CONTACT INFORMATION #1 (Please list the names of 2 authorized people who can respond in case of alarm activation)

Name/Title	Daytime Phone Number	Nighttime Phone Number
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CONTACT INFORMATION #2

Name/Title	Daytime Phone Number	Nighttime Phone Number
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ALARM COMPANY INFORMATION

Company Name	Contact
Address	Phone Number

TYPE OF ALARM SYSTEM: Burglary Audible Silent Robbery Audible Silent Panic Audible Silent	ARE THERE MORE THAN ONE ALARM SYSTEMS AT THIS ADDRESS:	DO YOU HAVE SECURITY GUARDS ON THE PREMISES:
	YES NO	YES NO
	DOES GUARD CO. HAVE KEYS TO THE PREMISES:	
	YES NO	

PERMITS ARE NOT TRANSFERABLE TO ANOTHER ALARM USER OR ALARM SITE, AND IS RENEWABLE EVERY 2 YEARS. WHEN A CHANGE OCCURS IN THE INFORMATION CONTAINED IN THE APPLICATION, THE PERMIT HOLDER SHALL GIVE THE ALARM ADMINISTRATOR WRITTEN NOTICE OF CHANGES WITHIN 5 WORKING DAYS OF THE DATE THE CHANGE BECOMES EFFECTIVE (INCLUDING MOVING OUT OF THE LOCATION OR DISCONNECTION OF THE ALARM SYSTEM). THE POLICE DEPARTMENT WILL NOT RESPOND TO ANY MORE ALARM ACTIVATIONS AT THAT LOCATION UNTIL THE PERMIT APPLICATION HAS BEEN FILED AND PAID. FAILURE TO PAY ALARM FINES WILL RESULT IN AUTOMATIC NON-RESPONSE STATUS. REFER TO nationalcityca.gov/government/police FOR MORE INFORMATION.

PLEASE RETURN APPLICATION WITH PAYMENT. MAY PROVIDE PAYMENT BY CASH, CHECK, OR CARD IN PERSON AND BY CHECK ONLY VIA MAIL. CHECKS PAYABLE TO:	CITY OF NATIONAL CITY Alarm Program Coordinator 1200 National City Blvd. National City, CA 91950-4501
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Applicant Signature	Date
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FOR OFFICE USE ONLY

Permit #	Check #	Amt. Pd. \$
Account #		
Date Issued	Alarm Program Coordinator	
Expiration Date		