



ALARM USER PERMIT APPLICATION

SANTA CLARA POLICE DEPARTMENT

601 El Camino Real • Santa Clara • (408) 615-4871



New Permit Application Annual Renewal Change of Information Only

See Municipal Fee Schedule at: www.scpd.org

Permit Number: _____

Type of Alarm: Residential Commercial

Alarmed Location Address: _____

Apt/Suite/Bldg # _____ City: SANTA CLARA, CA Zip: _____

Phone Number of Alarmed Location: _____ Email: _____

Residents Name (Residential) or Name of Business: _____

(Should be the same name the Alarm Company uses for dispatch)

List YOURSELF and/or current OCCUPANT, and at least 2 emergency contacts, which will respond to an alarm activation to assist the Police in determining the cause of the alarm, secure the premises, or reset the alarm system. *(If you are out of town when your alarm malfunctions, who could be called?) Please do not duplicate telephone numbers.*

Owner/Primary Contact	Daytime/Cell Phone#	Business Phone #
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Emergency Contact	Daytime/Cell Phone#	Business Phone #
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Emergency Contact	Daytime/Cell Phone#	Business Phone #
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Billing Address if Different:

Address	City	State	Zip Code
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Attention Name for Billing: _____ Phone #: _____

Preferred Method of Billing: Billing Address Email Email: _____

Monitoring Company (if applicable): _____ Phone #: _____

Installing Alarm Company: _____ Phone #: _____

Have you received an Alarm System operating instructions & false alarm prevention guideline? Yes No

Were you trained in the proper use of this Alarm System? Yes No

Special Premises Information (Dogs, weapons, hazardous materials present, etc.): _____

An alarm permit shall not be transferable in name, ownership, or location. Permit holder must inform the Police Alarm Administrator of any changes of information listed on the alarm permit application within fifteen (15) business days. Information contained in this application shall be confidential and restricted for use only by authorized City representatives. I certify that all statements are true to the best of my knowledge:

Authorized Signature	Print Name/Title	Date
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Please mail or drop-off this application and alarm permit fee (make checks payable to the CITY OF SANTA CLARA) to: Santa Clara Police Department • Alarm Administrator • 601 El Camino Real • Santa Clara, CA 95050

Enclose a self-addressed stamped envelope for return of your application copy and permit sticker. After you receive your permit sticker, it must be affixed on or directly adjacent to the main entrance of your alarmed premises (door or window). **Refer to Santa Clara City Code Alarm Ordinance 8.40.**

F o r O f f i c i a l U s e O n l y					
Permit # _____	Amount Paid: _____	Check # _____	Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Rcvd By: _____	Date: _____	
Suspended: _____	Reinstated: _____	Cancel Permit: _____ (Reason) _____			