CITY OF SAN MARINO
ALARM PERMIT APPLICATION

PLEASE PRINT OR TYPE $25.00 ANNUAL FEE

_____ _____
Business or Residence Name Alarm Site Address

Alarm Classification: _____
Residential, Business, Church etc.

Residence or Business Manager: Home #: _____ Work #: _____

Person responsible for billing: _____ Cellular #: _____

Address (if different): _____ Zip Code: _____

ALARM COMPANY:

Alarm Company Name Address Telephone # Installation Date

CONTACT PERSONS (OPTIONAL):

These people are to be contacted when the alarm is activated and the police respond. List (3) people in priority order who can be contacted regarding the alarm.

1. _____
Last Name First Name Home Number Business Number Other Number

2. _____
Last Name First Name Home Number Business Number Other Number

3. _____
Last Name First Name Home Number Business Number Other Number

I hereby certify that I am the owner or designated agent for the owner of the Alarm Site shown above and that the above information is true and correct. I understand that my alarm system is governed by City Ordinance O-10-1230, Article 1 of Chapter XIV of the San Marino City Code and its provisions. Further, it is my responsibility to notify the City of San Marino of any changes.

_____ _____
Application Date Signature of Permit Holder

DO NOT WRITE BELOW THIS LINE

Permit Number: _____ Date issued: _____

$25.00 Permit Fee Accepted by: New: _____ Renewal: _____

_____
Name Receipt Number: _____

Return Application to:
City of San Marino Police Department
Alarm Permit Processing
2200 Huntington Drive
San Marino, CA 91108

Make checks payable to: City of San Marino