



ALARM PERMIT APPLICATION

Mail: San Marino Police Department
Attn: Records Department
2200 Huntington Dr.
San Marino, CA 91108

Print clearly or type. Permit is valid through December 31st of the issued year. The signature of the applicant must be the signature of the person listed as permit holder. Payment must be submit along with this application. Checks or Money Orders may be made payable to City of San Marino.

After this time, false alarms at locations without or expired will be processed as alarm code violations.

Form with sections: Type of Alarm (Residential/Commercial), Alarm Company Provider, Business Name, Permit Holder's Name, Job Title, Alarm Address, Alarm Premise Phone Number, Cell Phone Number, Work Phone Number, Billing Address, Permit Type (New Permit/Renewal/Information Change), Gate Code, Emergency Contact Information, Weapons, Hazardous Materials, Dogs.

Submit a separate application and fee for each alarm system.

I have carefully read the completed application and know it to be true and correct. I accept responsibility for the payment of all fees and fines that may result from the operations of the alarm system described above.

Signature of Applicant (Required)

Date

Expiration Date

Issued By

Permit Number

Date Issued

FOR OFFICE USE ONLY