

FOR OFFICE USE ONLY

- New Alarm Renewal
- Permit Fee
- Received _____
- Rejected _____
- Approved _____
- Beat # () _____
- Permit # _____

Date: _____

County of Monterey
 Sheriff's Department

APPLICATION FOR ALARM PERMIT

Please fill in COMPLETELY or the form will be returned.
 If a question does not pertain to you, please state N/A.

The intention of this application is to provide the citizens with the best possible service requiring response by the Monterey County Sheriff's Patrol personnel.

Fill in (type or print) this application COMPLETELY and check boxes where appropriate. Return the completed application to the **Monterey County Sheriff's Department, Alarm Unit, 1414 Natividad Rd., Salinas, CA 93906** PRIOR to the connection of your alarm system. If your application is approved, a copy will be returned to you and shall serve as your permit.

- Name of Business _____
- Name of Resident _____
 (Check one) (Last) (First) (Middle Initial)

Physical Address of business/residence (NOT a P.O. Box): _____
 (No.) (Street) (City/Area) (Zip)

Mailing Address (If different than above-stated address): _____
 (No.) (Street) (City/Area) (Zip)

Type(s) of business at this address: _____

Nearest Cross Street: _____

Physical Description of house/business (Color, etc.): _____

The house/business numbers are posted: On the house/building At the entrance to your private driveway Other (List Below)

Other identifiable features: _____

Telephone Number (Res.) (_____) (Bus.) (_____) _____

Gate Combination/Instructions: _____

If the alarm is located at a business or part-time residence, complete the following:

Full name of owner landlord manager: _____
 (Last) (First) (Middle)

Permanent Mailing Address: _____
 (No.) (Street) (City/Area) (Zip)

Telephone Number (Res.) (_____) (Bus.) (_____) _____

EMERGENCY CONTACTS: (To be contacted only if owner or resident is unavailable) List the names of (2) persons who live within 45 minutes of this location that will respond to the business/residence in case of an emergency. These "Responding Agents" shall have the authority to assume responsibility for the security of the business/residence.

****DO NOT LIST YOURSELF. **LIST ONLY PHYSICAL ADDRESSES NOT P.O. BOXES.**

#1 _____ Phone (Res.) (_____) (Bus.) (_____) _____
 (Last) (First)

 (No.) (Street) (City/Area) (Zip)

#2 _____ Phone (Res.) (_____) (Bus.) (_____) _____
 (Last) (First)

 (No.) (Street) (City/Area) (Zip)

** The second responding person may be the alarm company representative **IF** no other persons are available. The alarm company representative **MUST** initial next to the company's name in this section if they accept this responsibility.

If the person who is responsible for payment of alarm penalty assessments is DIFFERENT than the resident/business already listed, complete the following:

(Last) (First) (Middle Initial)

(No.) (Street) (City/Area) (Zip)

Who was the alarm installed by? Owner Alarm Company

Is this a New Alarm Upgraded Alarm Existing Alarm?

Name of the previous owner (if the alarm already exists): _____
(Last) (First)

The alarm company which is responsible for the maintenance of the system: (If self-maintained, indicate below)

Name of Company: _____ Representative: _____

Address: _____
(No.) (Street) (City/Area) (Zip)

Telephone Number: (_____) _____ Alarm Company State License No.: _____

This location is equipped with the following alarms: **PLEASE CHECK ALL THE APPROPRIATE BOXES**

RESIDENTIAL - Central Station Silent Audible
COMMERCIAL - Burglar Silent Hold-up Audible Central Station

HOW IS THIS ALARM ACTIVATED? Ultrasonic Pressure Mat
 Doors/Windows Taped or Switches
 Light Other (describe) _____

The undersigned acknowledges that the County of Monterey reserves the right to disconnect, order disconnection, or terminate normal response to the alarm device when, in the opinion of appropriate authority in the County of Monterey, continued cooperation of the alarm device would constitute a detriment to the public health, safety and welfare. The undersigned is responsible for any charges relating to disconnection or termination of the alarm device by the County of Monterey.

It is expressly understood by the undersigned that any violation of the County of Monterey Alarm Ordinance may result in a suspension or revocation of this permit and/or assessment as prescribed in the ordinance itself. A copy of Monterey County Ordinances as they apply to alarms are available upon request.

I have read, understood, and agree to the provisions of this alarm permit application.

Signed: _____ Date: _____
 Owner Manager Resident

Approved: Sheriff - County of Monterey

By: _____ Date: _____