



CLAREMONT POLICE DEPARTMENT
APPLICATION FOR ALARM PERMIT

PERMIT NO: _____

DATE: _____

APPLICANT: COMPLETE SECTIONS I, II, III, IV

I. OWNERSHIP & LOCATION

A. NAME OF APPLICANT _____

HOME ADDRESS _____ TELEPHONE () - _____

B. LOCATION OF PROPOSED ALARM

1. STREET ADDRESS _____

2. NEAREST CROSS STREETS _____

3. NAME OF BUSINESS _____ TELEPHONE () - _____

II. EMERGENCY CONTACT INFORMATION

A. APPLICANT'S PLACE OF EMPLOYMENT:

_____ () - _____
BUSINESS NAME ADDRESS TELEPHONE

B. PERSON (OTHER THAN APPLICANT) TO CALL IN EVENT OF EMERGENCY: RESPONSIBLE PERSON WHO CAN OPERATE ALARM.

_____ () - _____ () - _____
NAME ADDRESS HOME TELEPHONE BUSINESS TELEPHONE

III. ALARM INFORMATION

A. ALARM COMPANY NAME _____ TELEPHONE () - _____

ADDRESS _____

B. TYPE OF ALARM (CHECK ALL APPLICABLE)

AUDIBLE ONLY SILENT ONLY SILENT AND AUDIBLE
INTRUSION ALARM ROBBERY/PANIC FIRE MEDICAL EMERGENCY
MONITORED BY CENTRAL STATION

C. ALARM BRAND NAME: _____ MODEL NO: _____

IV. SIGNATURE

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KEEP THIS INFORMATION CURRENT, AND TO NOTIFY THE POLICE DEPARTMENT OF ANY CHANGES WITHIN TEN DAYS. I HAVE RECEIVED A COPY OF THE ALARM ORDINANCE, #78-43, AND AM AWARE OF THE PENALTIES ASSOCIATED WITH ALARM SYSTEMS.

SIGNATURE OF APPLICANT

-FOR OFFICIAL USE ONLY-

V. APPROVAL/REJECTION

APPROVED REJECTED: _____ DATE _____

SIGNATURE

REASON FOR REJECTION _____