



Office of the Treasurer & Tax Collector

City and County of San Francisco

Street Address: 1 Dr. Carlton B. Goodlett Place, City Hall, Room 140, San Francisco, CA 94102

Telephone: (415) 554-5204

Fax: (415) 554-5316

FOR OFFICE USE ONLY
LICENSE NUMBER
DATE ISSUED

ALARM LICENSE APPLICATION
(INCLUDES RENEWAL)

I. RESIDENCE ALARM SUBSCRIBER'S NAME (Last, First, Middle Initial)

DAY PHONE #: NIGHT PHONE # FAX:

ADDRESS OF ALARM SITE (include apt., bldg. or unit number) (Street, City, State, Zip)

C/O DAY PHONE #: FAX:
MAILING ADDRESS (If different from site address)

II. BUSINESS ALARM SUBSCRIBER'S NAME FEDERAL ID #

DAY PHONE #: NIGHT PHONE # FAX:

ADDRESS OF ALARM SITE (include apt., bldg., or unit number) (Street, City, State, Zip)

C/O DAY PHONE #: FAX:
MAILING ADDRESS (If different from site address)

III. ALARM INFORMATION

ALARM INSTALLATION COMPANY NAME PHONE FA X

ALL-GUARD ALARM SYSTEMS, INC. 800.255.4273

ALARM MONITORING COMPANY NAME PHONE FA X

ALL-GUARD ALARM SYSTEMS, INC. 800.255.4273

ALARM START DATE

IV. EMERGENCY INFORMATION (Names and phone numbers of two persons for emergency contact)

CONTACT PERSON'S NAME (Last, First, Middle Initial) DAY PHONE # NIGHT PHONE #

CONTACT PERSON'S NAME (Last, First, Middle Initial) DAY PHONE # NIGHT PHONE #

I have carefully read the completed application and declare under penalty of perjury that the foregoing is true and correct.

APPLICANT'S SIGNATURE DATE

PLEASE SEND TO YOUR ALARM COMP ANY THE COMPLETED APPLICATION WITH CHECK MADE OUT TO YOUR ALARM
INSTALLATION OR MONITORING COMPANY. HOWEVER, IF YOUR ALARM IS ALRE ADY INSTALLED AND IS NOT MONITORED BY
A MONITORING COMPANY, PLEASE SEND THE COMPLETED APPLICATION WITH CHECK MADE OUT TO SF TAX COLLECTOR TO:

AMOUNT PAID \$

NON-REFUNDABLE LICENSE FEE:
RESIDENTIAL (\$45)
COMMERCIAL (\$70)

Office of the Treasurer & Tax Collector
City and County of San Francisco
License Unit
P.O. Box 7427, San Francisco, CA 94120-7427

(SEE ADDITIONAL IMPORTANT INFORMATION ON THE BACK OF THIS APPLICATION)