



NAPA POLICE DEPARTMENT

Check one:

- New
- Transfer
- Renewal

Alarm Permit Application

For City Use Only:

Permit No.: _____

Expires: _____

ALARM PREMISE INFORMATION

Premise Address: _____

Phone No.: _____

Mailing Address *(if different)*: _____

Business Name *(if applicable)*: _____

Previous Name *(if transfer)*: _____

OWNER INFORMATION

1. Name: _____

Driver License No.: _____

Address: _____

Phone No.: _____

Work No.: _____

Cell No.: _____

2. Name: _____

Driver License No.: _____

Address: _____

Phone No.: _____

Work No.: _____

Cell No.: _____

EMERGENCY CALL LIST *(LIST PERSONS TO BE CALLED IN CASE OF ALARM ACTIVATION OR EMERGENCY)*

1. Name: _____

Driver License No.: _____

Address: _____

Phone No.: _____

Work No.: _____

Cell No.: _____

2. Name: _____

Driver License No.: _____

Address: _____

Phone No.: _____

Work No.: _____

Cell No.: _____

3. Name: _____

Driver License No.: _____

Address: _____

Phone No.: _____

Work No.: _____

Cell No.: _____

ALARM INFORMATION

Intrusion:

Robbery:

Panic Alarm:

Other:

Monitored by: ALL-GUARD ALARM SYSTEMS, INC.

Address: 23194 KIDDER STREET, HAYWARD, CA 94545

Phone No.: 800.255.4273

Installed/Service by: ALL-GUARD ALARM SYSTEMS, INC.

Address: 23194 KIDDER STREET, HAYWARD, CA 94545

Phone No.: 800.255.4273

Date Installed: _____

I hereby certify that the alarm system described herein complies with Napa Municipal Code Chapter 9.60..

Signature: _____

Print Name & Title *(if applicable)*: _____

PLEASE RETURN COMPLETED FORM TOGETHER WITH \$34.00 APPLICATION FEE TO: 1539 FIRST ST. NAPA, CA 94559

For City Use Only:

Date Received: _____

Amount Rec'd: \$ _____

Receipt No.: _____