



**Please mail Application to:**  
**Fremont Police Department**  
**Attn: Alarm Officer**  
**P.O. Box 5007**  
**Fremont, CA 94537-5007**  
[www.fremontpolice.org](http://www.fremontpolice.org)

OFFICE USE ONLY	
Permit _____	
Date Issued _____	
Amount Paid _____	
New ____ Renewal ____ Change ____	

### City of Fremont Alarm Permit Application

1. Resident Name/Business Name \_\_\_\_\_
2. Business Owner \_\_\_\_\_
3. Address of Alarmed Location \_\_\_\_\_
4. Phone Number at Alarmed Location \_\_\_\_\_
5. Mailing Address \_\_\_\_\_ Attn: \_\_\_\_\_
6. City, State, Zip Code \_\_\_\_\_
7. Phone \_\_\_\_\_ Alarm Company \_\_\_\_\_
8. You **must list at least three persons** who will respond, **within 35 minutes**, in the event of an alarm. These persons must also have a key to the premises and be able to reset a malfunctioning alarm and secure the premises.

<b>Name</b>	<b>Day Phone</b>	<b>Evening Phone</b>	<b>Other</b>
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

9. Date: \_\_\_\_\_ 10. Applicant Signature \_\_\_\_\_

**Upon assignment of a permit number, a sticker with your permit number will be issued to you and must be posted and visible at the main entrance.**

*You must enclose a \$40.00 permit fee with the Application.  
 Make checks payable to: City of Fremont  
 Keep a copy for your records.*

*For questions, please call 510-790-6755 or visit our website at [www.fremontpolice.org](http://www.fremontpolice.org).*