



# ALARM USER PERMIT APPLICATION

This application is for a  Commercial or Business System  Residential System

Type of alarm system (check all applicable)  Burglary  Hold-up/Robbery  Panic/Duress

Alarm user/applicant is the  Owner of the premises  Tenant renting the premises

**Business Name** \_\_\_\_\_

**Residence** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address of **alarmed location** \_\_\_\_\_ Unit, Space, or Suite No. \_\_\_\_\_

Phone number at alarmed location \_\_\_\_\_ Alternate phone at alarmed location \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Alarm Company that **installed** or **repairs** your system Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

Alarm Company that **monitors** your alarm system Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

***Please provide the names and contact information for three people who can respond in the event of an alarm. These people should be able to reset the alarm and secure the premises.***

**Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**Mail the completed application form and your payment , payable to CITY OF HAYWARD to:**

**Hayward Police Department  
ATTN: ALARM DESK  
300 W Winton Ave  
Hayward CA 94544-1137**

OFFICE USE ONLY	
Permit No. _____	Issued _____
Check No. _____	Date Paid _____