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 _____