



For Official Use only

Alarm Permit Number _____
Date Issued _____ By _____
Amount Paid _____
New _____ Change _____

Please mail application to:
Menlo Park Police Department
Attn: Alarms
701 Laurel St
Menlo Park, Ca 94025

MENLO PARK POLICE ALARM PERMIT APPLICATION

1. Alarm Subscriber: Business or Resident's Name _____
2. Business or Residence Owner (if different) _____
3. Address of Alarmed Location _____
4. Phone Number of Alarmed Location _____
5. Mailing Address of Alarm User (if different) _____
ATTN: _____
6. City, State, Zip Code _____
7. Name of Alarm Company _____ ALL-GUARD ALARM SYSTEMS, INC.
8. Alarm Company Phone Number _____ 800.255.4273
9. Comments/Pets/Other Hazards _____
10. Please list three persons who could respond within 30 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. If you do not have three persons to respond, you may list yourself or others who would know how to get a hold of you in case of an emergency.

	Name	Day Phone	Night Phone	Cell Phone
A.	_____			
B.	_____			
C.	_____			

Type of Alarm: _____ Robbery _____ Panic _____ Burglary

Signature of Applicant

Date

Upon approval, a sticker with your permit number will be issued to you and **must be posted and visible at the main entrance to your home or business.**

**Keep the bottom copy for your records.
You must enclose a \$25.00 (initial registration) permit fee.
Make check payable to the City of Menlo Park**