



CITY OF PACIFICA APPLICATION FOR ALARM PERMIT

Permit # _____

DIRECTIONS – type or print application, include one-time application fee of \$75.00 (checks payable to “City of Pacifica”) and return to: Communications Supervisor, Pacifica Police Department, 2075 Coast Hwy, Pacifica CA 94044

Check One: RESIDENTIAL BUSINESS/COMMERCIAL (Business License# _____)

Name of Resident or Business:	
Street Address:	
Phone Number:	
Billing Address (if different):	
Billing Phone Number (if different):	
Name of Owner/Manager (where applicable):	
Home Phone :	Work/Cell Phone:
Name of Property Owner:	
Home Phone:	Work/Cell Phone:
Name of 1 st Contact Person:	
Home Phone:	Work/Cell Phone:
Name of 2 nd Contact Person:	
Home Phone:	Work/Cell Phone:
Name of 3 rd Contact Person:	
Home Phone:	Work/Cell Phone:
Name of 4 th Contact Person:	
Home Phone:	Work/Cell Phone:
Type of alarm: Burglary <input type="checkbox"/> Robbery <input type="checkbox"/> Fire <input type="checkbox"/> Medical <input type="checkbox"/> Panic <input type="checkbox"/>	
Is the alarm: Silent <input type="checkbox"/> Audible <input type="checkbox"/> Both <input type="checkbox"/>	
Alarm Company: ALL-GUARD ALARM SYSTEMS, INC.	Phone Number: 800.255.4273
FOR OFFICIAL USE ONLY	
Date Received:	Receipt #:
Date Permit Mailed:	Permit #:
GEO File Updated:	