



CITY OF PALO ALTO POLICE DEPARTMENT

For office use only:
Alarm Permit Number _____
Date of Expiration _____
New _____ Renewal _____ Change _____

Mail application and checks to:

Palo Alto Police Department
Attn: Alarm Officer
275 Forest Avenue
Palo Alto, CA 94301

CITY OF PALO ALTO ALARM PERMIT APPLICATION

1. Business or Residence Name _____
2. Address of Alarmed Location _____
City _____ State _____ Zip _____
3. Phone Number at Alarmed Address _____
4. Alarm Company All-Guard Alarm Systems, Inc.
5. Alarm Company Phone Number 800.255.4273
6. Billing Address _____
(If different than alarmed Location)
City _____ State _____ Zip _____
Attn Person _____
7. You must list at least three people who will respond, within 35 minutes, in the event of an alarm. These people must also have a key to the premises and be able to reset a malfunctioning alarm and secure the premises.

	Name	Day Phone	Night Phone	Cell Phone
A.	_____	() -	() -	() -
B.	_____	() -	() -	() -
C.	_____	() -	() -	() -

**You must enclose a \$38.00 permit fee with the application.
Make Checks Payable to "City of Palo Alto"**

When you receive your permit decal, please post the decal at the front entrance
of your home or business.
For questions, call (650) 329-2130