

**Alameda County Sheriff's Office**  
**Eden Township Substation**  
15001 Foothill Boulevard, San Leandro, CA 94578  
(510) 667-4423

**Alarm User Permit Application**

(One permit application required for each alarm site)

\*5202+

New Permit Application       Renewal Application       Permit Number \_\_\_\_\_

Alarm Location Address \_\_\_\_\_ Apt/Suite/Bldg \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone number at this location \_\_\_\_\_

Residential  Commercial  Senior Citizen Waiver  Type: Burglary  Holdup  Panic  Audible  Other \_\_\_\_\_  
(Age 65 or older)

Resident or Business Name \_\_\_\_\_ Business License No. \_\_\_\_\_  
(Should be the same name the alarm company uses for dispatch)

List emergency contacts that will respond to an alarm activation to assist the Sheriff's Office in determining the cause of the alarm, secure the premises, or reset the alarm system:

Name/Title	Day Phone	Evening Phone	Cell Phone or Pager
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Name/Title	Day Phone	Evening Phone	Cell Phone or Pager
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Name/Title	Day Phone	Evening Phone	Cell Phone or Pager
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Billing Address (if different from alarm location):

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Attention \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Alarm Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Monitoring Company (if applicable) \_\_\_\_\_ Phone Number \_\_\_\_\_

Date alarm was installed, or date you assumed use of the alarm system \_\_\_\_\_

Was a set of alarm system operating instructions provided to you? \_\_\_\_ Yes \_\_\_\_ No

Was an Alameda County False Alarm Ordinance brochure provided to you? \_\_\_\_ Yes \_\_\_\_ No

Were you trained in the proper use of this alarm system? \_\_\_\_ Yes \_\_\_\_ No

Special Premises Information (dogs, weapons, hazardous materials present) \_\_\_\_\_

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An alarm permit shall not be transferable in name, ownership, or location. Permit holder must inform the Sheriff's Office of any changes of information listed on the alarm permit application within fifteen (15) business days. Information contained in this application shall be confidential and restricted for use only by authorized County representatives. I certify that all statements are true to the best of my knowledge.

Authorized Signature _____	Print Name/Title _____	Date _____
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Please mail application and \$35.00 registration fee (check or money order only). DO NOT SEND CASH. Make payable to the Alameda County Sheriff's Office. Mail to: Alameda County Sheriff's Office – Attention: Alarm User Permit Application – 15001 Foothill Boulevard, San Leandro, CA 94578. (A \$25.00 service charge will be assessed on checks returned by the bank).

Please enclose a self-addressed stamped business envelope for return of your application copy and permit sticker. Your permit sticker must be affixed on or directly adjacent to the main door of the alarmed premises, and be visible to the outside.

Permit Number _____	FOR OFFICIAL USE ONLY	Date Issued _____
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**DO NOT DETACH – A COPY WILL BE MAILED TO YOU**  
White: Sheriff's Office      Canary: Communications      Pink: Alarm User