

San Rafael Police Department



Alarm Permit

New Alarm _____ **Updated Alarm Info** _____ **Permit Number** _____

Alarm System User

Business Name (if applicable): _____

First Name: _____ Last Name: _____ Birth Date: _____ Mr. Mrs. Ms.

Home Number _____ Work Number: _____ Cellular Number: _____

First Name: _____ Last Name: _____ Birth Date: _____ Mr. Mrs. Ms.

Home Number _____ Work Number: _____ Cellular Number: _____

Email: _____

Site Information

Address: _____ City: _____ State: _____ Zip Code: _____

Suite: _____ Alarm Site Phone Numbers: Main Phone: _____ Alt Number: _____

Billing Information (If different from above)

First Name: _____ Last Name: _____ Title: Mr. Mrs. Ms.

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Alt Phone: _____ Email: _____

Alarm Company

Business Name and Address: ALL-GUARD ALARM SYSTEMS, INC.

City: HAYWARD State: CA Zip Code: 94545 Phone: 800.255.4273

Monitoring Company (If different from above)

Business Name and Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Emergency Contact Information (One person per line)

Name	Address	Home Phone	Cell. Phone
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1. _____

2. _____

3. _____

Hazards/Special Information/Officer Safety Information

Dogs () Describe _____

Other hazards _____

Weapons/Firearms () Describe _____

Other Important Information _____

Signature _____ **Date** _____

Please return completed form with application fee to:

San Rafael Police Department
Attention: Alarm Permits
1400 Fifth Avenue, San Rafael, CA 94901
(415)485-3114

455: Alarms: Forms Rev. 2011

Date paid _____
Amount _____
By _____