

# 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)

<u>Name</u>	<u>Address</u>	<u>Home Phone</u>	<u>Cell. Phone</u>
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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 \_\_\_\_\_