

**SUISUN CITY POLICE DEPARTMENT
ALARM PERMIT APPLICATION**



Edmond W. Dadisho
Chief of Police

PLEASE PRINT AND COMPLETE ALL BOXES

LOCATION TYPE: Business Residential

ALARM TYPE		
<input type="checkbox"/> Burglary <input type="checkbox"/> Robbery <input type="checkbox"/> Fire		
APPLICANT INFORMATION (Please Print)		
APPLICANT (BUSINESS OR RESIDENT NAME)		TELEPHONE NUMBER
SERVICE ADDRESS (ALARM LOCATION) (Please Print)		
STREET ADDRESS		UNIT#, APT#, SUITE#
CONTACT INFORMATION (Please Print)		
TELEPHONE NUMBER OF SERVICE ADDRESS		E-MAIL ADDRESS (FASTER CORRESPONDENCE)
BILLING INFORMATION (If different from Service Address) (Please Print)		
BILLING ADDRESS (STREET, SUITE#)		BILLING NAME
CITY, STATE, ZIP CODE		ATTENTION TO
ALARM COMPANY INFORMATION (Please Print)		
COMPANY NAME		TELEPHONE NUMBER
EMERGENCY CONTACT INFORMATION (Please Print)		
NAME		TELEPHONE NUMBER
NAME		TELEPHONE NUMBER
NAME		TELEPHONE NUMBER
ALERTS		
<input type="checkbox"/> I have dogs <input type="checkbox"/> I have weapons		
ACKNOWLEDGEMENT		
I understand that failure to comply with the City of Suisun City Alarms Ordinance constitutes an infraction and may cause a fine, revocation of the Alarm User Permit, and possible discontinuance of police/fire response to an alarm site.		
APPLICANT SIGNATURE		
For questions, please contact the Alarm Coordinator via phone or e-mail at (707) 421-7373 or alarmcoordinator@suisun.com		
\$30 PERMIT FEE Due with permit application.	Return application and \$30 Permit Fee to: Suisun City Police Department 701 Civic Center Boulevard Suisun City, CA 94585 Attn: Alarm Permit Processing *Make check payable to <u>Suisun City Police Department</u> *	
FOR OFFICE USE ONLY		
PERMIT #	ENTRY DATE:	INITIALS