

**Department of Public Safety**  
**700 All America Way**  
**Sunnyvale, CA 94086-7642**  
**(408) 730-7117**  
**(408) 730-7501 (TDD)**



New  Renewal

Business \$70  Residence \$35  
 (Includes Church, School, Government)

**SECURITY ALARM PERMIT APPLICATION**

**Resident Applicant:** Resident Name

Business Phone  Home Phone

Cell Phone  E-mail

**Business Applicant:** Business Name  Business Phone

E-mail

Business Contact Name  Business Contact Bus. Phone

Bus Contact Home Phone  Bus Contact Cell Phone

**\*\*\*\*ALL APPLICANTS: Please complete the rest of the form\*\*\*\***

**Location:** Include Street #, Street Name, Building/Suite/Apt and Zip Code for each address in Sunnyvale covered by the system

Mailing Address	Street #	Street Name	Apt/Suite	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Additional Contacts (other persons who can be contacted in case of alarm) :**

Name	Address, City, State, Zip	Business Phone & Ext	Home Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Security Alarm Information:**  Yes  No  Unknown  
 Does Alarm Reset Automatically? If Yes, after how long?  Security Alarm Type  Audible  Silent

Alarm Co Name  Alarm Co Phone

Alarm Co Addr  Remote Monitoring Location

Remote Monitoring Phone

Information to assist officers responding to your alarm (pets, guard dogs, explosives, hazardous materials, etc...)

I hereby agree to comply with the provisions set forth in Sunnyvale Municipal Code Chapter 9.90 (Alarm Users Permit).

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail the completed application with a check made payable to:

**Sunnyvale Dept. of Public Safety**  
**Attn: Alarm Permits**  
**P.O. Box 3707**  
**Sunnyvale, CA 94088-3707**

-----for internal use-----

Fee	Fee	Cash	<input type="checkbox"/>
Rcv'd	Rcv'd	Check	<input type="checkbox"/>
Date	Amount	Credit	<input type="checkbox"/>

Alarm Registration #