



APPLICATION FOR NEW ALARM PERMIT

Registration # \_\_\_\_\_  
Office use only

The intention of the application is to provide citizens with the best possible service that requires a response by the Monterey County Sheriff's Patrol Personnel.

Fill in (type or print) the application COMPLETELY and check boxes where appropriate. Return the completed application to the Office of the Sheriff-Alarm Unit, 1414 Natividad Road, Salinas, CA 93906 - with the application fee of \$50.00 made out to MCSO- Alarm Unit.

**NEW SUBSCRIBER INFORMATION:** The information supplied below is used by County Comm/911 and Deputies responding to alarm calls.

- Name of Business
- Name of Residence

Check One \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address of Alarmed Business/Residence(NO P.O.Boxes): \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Type(s) of business at this address: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

The house/business numbers are posted:  On the Building  drive way entrance  Other \_\_\_\_\_

Gate code/combination and/or instructions: \_\_\_\_\_

**EMERGENCY CONTACTS: DO NOT LIST YOURSELF**

Are contacted ONLY if owner/resident is unavailable. List the names of (2) people living within 45 minutes of the alarmed location that will respond to the business/residence in case of an emergency. These "Responding Agents" shall have the authority to assume responsibility for the security of the business or residence if needed.

1. Name		2. Name	
_____		_____	
Phone (H)	Phone(W)	Phone (H)	Phone(W)
_____	_____	_____	_____

\*The 2nd contact may be the alarm company only IF no other persons are available. Approving signature must be obtained from an alarm company representative before they can be listed.

**ALARM COMPANY INFORMATION:**

Name: All-Guard Alarm Systems, Inc.  
Address: 23194 Kidder Street, Hayward, CA 94545  
Phone #: 800.255.4273

**ALARM MONITORING CO. if different than alarm co.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**ALARM EQUIPMENT INFORMATION**

New Alarm  Upgraded Alarm  Existing Alarm

INSTALLATION DATE: \_\_\_\_\_

Name of Previous owner (If alarm system already exists): \_\_\_\_\_

The location is equipped with the following type of alarm: PLEASE CHECK ALL BOXES THAT APPLY:

RESIDENTIAL:  Silent  Audible      TYPE OF CONNECTION:  Local  Remote  
 COMMERCIAL:  Burglar  Hold-Up  Silent  Audible      HOW IS ALARM RESET:  Auto  Manually

If the alarm system is located at a business or part-time residence, complete the following:

Full name of:  owner  landlord  manager  
 \_\_\_\_\_  
Last First Middle Initial

Permanent Mailing Address: \_\_\_\_\_  
No. Street City/Area Zip

Phone (Res.) \_\_\_\_\_ Phone (Bus.) \_\_\_\_\_

**Applicable fees per Monterey County Fee Schedule- subject to annual review**

\* *\*Billing period begins from the 1st False Alarm Activation and ends 60 days from that date*

**Permit Fees**

Annual Permit	\$50.00
Late Permit Fee	\$100.00

*late permit fees are in addition to the annual amount due if not paid by the due date*

**False Alarm Assessments**

* 1st False Alarm	\$50.00 per billing period
2nd False Alarm	\$100.00 per billing period
3rd False Alarm	\$200.00 per billing period
4th False Alarm	\$300.00 per billing period
5th False Alarm and Over	\$400.00 each occurrence

**Additional Fees**

1st False Alarm w/o Permit	\$150.00 to \$300.00
Multiple activation	\$150.00 each 24 hour period
Duress alarm violations	\$200.00 each event

The undersigned acknowledges that the Sheriff's Office reserves the right to disconnect, order disconnection, or terminate normal response to the alarm device when, in the opinion of appropriate authority in the Sheriff's Office, continued cooperation of the alarm device would constitute a detriment to the public health, safety and welfare. The undersigned is responsible for any charges relating to disconnection or termination of the alarm device by the Sheriff's Office.

It is expressly understood by the undersigned that any violation of the County of Monterey Alarm Ordinance may result in a suspension or revocation of this permit and/or assessment as prescribed in the ordinance itself. The Monterey County Ordinances as they apply to alarms are available on the County's web-site at [www.co.monterey.ca.us](http://www.co.monterey.ca.us).

I have read, understood, and agree to the provisions of this alarm permit application.

Signed: \_\_\_\_\_  
 Owner  Manager  Resident Date \_\_\_\_\_