



TOWN OF LOS GATOS ALARM PERMIT APPLICATION

Alarm Program P.O. Box 140951, Irving Texas 75014-0951

ADDRESS OF ALARM: _____
(Street #) (Apt. / Suite) (Street Name)

Is this a **COMMERCIAL** or **RESIDENTIAL** alarm? (Circle one)

If a business, business name: _____

Billing address: _____
(Street #) (Apt. / Suite) (Street Name)

(If different than Physical address)

(City) (State) (Zip Code)

Name of alarm system owner: _____

Date of birth of Local Permit Holder: ____ / ____ / ____

Phone numbers/Address of Local Permit Holder/Local Responsible Party (____) ____ - _____ Home

(____) ____ - _____ Work

(____) ____ - _____ Fax

Email

(____) ____ - _____ Cell

Is this a **SILENT** alarm or an **AUDIBLE** alarm? (Circle one) Type of Alarm? _____

Do you have any pets in or around the residence/ business that could prevent officer's access: Yes / No

*******Emergency Contact Information*******

(Please provide the name, address and phone numbers of two contacts)

Name: _____ (____) ____ - _____ Home
Address: _____ (____) ____ - _____ Work

(____) ____ - _____ Cell

Email

Name: _____ (____) ____ - _____ Home
Address: _____ (____) ____ - _____ Work

(____) ____ - _____ Cell

Email

Name: _____ (____) ____ - _____ Home
Address: _____ (____) ____ - _____ Work

(____) ____ - _____ Cell

Email

Alarm System Monitored By: _____

Address: _____

Phone: (____) ____ - _____

Alarm System Installed By: _____

Manufacturer of Unit: _____

Address: _____

A fee of \$50.00 is required for commercial alarm permit at the time that this permit is issued. Checks may be made out to the Town of Los Gatos. The permit expires one year from the date of issuance. All permit holders are allowed one false alarm within a twelve month period. For each alarm thereafter a citation will be issued. For more information, please see: www.town.los-gatos.ca.us online service

(Signature of Local Permit Holder/Local Responsible Party)

(Date)