CITY OF EL MONTE

POLICE DEPARTMENT

ALARM PERMIT APPLICATION

(Please type or print in BLOCK CAPITAL LETTERS clearly inside the box.)

Application Type (check one) ☐ Residential ☐ Commercial ☐ Update ☐ Existing Permit No.

Alarm Type (check all that apply) ☐ Burglary ☐ Robbery ☐ Audible Date of Birth: / /

Annual Family Income (Only required for low income senior discount) Size of Family ☐ Low Income Senior Citizen (Proof may be required)

Disabled ☐ Placard # ☐ Honorable Discharged disabled veterans (Proof may be required)

Alarm Street Address: (Street Address) Apt/Suite #

City: State: Zip:

APPLICANT INFORMATION/ ALARM LOCATION

Business/Resident Name: (Last, First, Middle)

Alarm Street Address: (Street Address) Apt/Suite #

City: State: Zip:

Home Phone No: Business Phone No:

Pager / Cell Phone No:

Property Owner Name:

Property Owner Address: (Street Address) Apt/Suite #

City: State: Zip:

EMERGENCY CONTACTS – Who can we contact in case of emergency? (You must list at least two (2) contacts living 30 minutes or less away)

Contact Name #1:

Contact Address:

Home Phone: Business Phone:

Pager / Cell Phone No:

Contact Name #2:

Contact Address:

Home Phone: Business Phone:

Pager / Cell Phone No:

ALARM COMPANY INFORMATION

Company Name:

Address: (Street Address) Apt/Suite #

City: State: Zip:

Home Phone: State ID No:

I have received a copy of the El Monte City Ordinance pertaining to alarm systems. I certify under penalty of perjury that the information furnished is true to my best belief. All alarm equipment meets the standards set forth in section 5.102.060. I am aware of the penalties associated with false alarms. Furthermore, I am aware that if my alarm permit is revoked due to non-compliance of EMMC – Section 5.102.090, police response may be discontinued to any subsequent alarm calls at my address.

Applicant's Title: (check one) ☐ **Owner** ☐ **Tenant** Print Name:

Signature of Applicant: _____ Date: / /