



SANTA ANA POLICE DEPARTMENT

ALARM PERMIT

(Rev. 07/17)

Circle One
New Application
Annual Renewal
Information Update

PLEASE PRINT NEATLY AND FILL IN ALL BOXES

NAME OF APPLICANT OR BUSINESS (John Smith /ABC Contractors)		Circle One
		RESIDENCE / BUSINESS
ALARM LOCATION (exp. 1234 Birch)	Unit #	Zip Code
		927 __ __
EMERGENCY CONTACT	PHONE NUMBER	EMAIL ADDRESS
	() -	
ALTERNATE EMERGENCY CONTACT	PHONE NUMBER	EMAIL ADDRESS
	() -	
MAILING ADDRESS SAME AS SERVICE ADDRESS? IF NOT, PROVIDE INFORMATION BELOW		
ALARM COMPANY	STATE LICENSE NUMBER	PHONE NUMBER
		() -
ALARM TYPE (CIRCLE)	DATE ALARM INSTALLED	ALARMED AREA(S)
WIRED / WIRELESS		
ADDITIONAL INFORMATION / COMMENTS		
APPLICANT NAME	APPLICANT SIGNATURE	
<ul style="list-style-type: none"> A Low Voltage Permit is REQUIRED for all wired alarms. Permits are not transferable to another alarm user or alarm site. Once a permit is issued, it is valid for one year from the date it was issued. The application fee will not be pro-rated based on the date of application or if company/resident is moving out before time expires. Whenever any change occurs in the information contained in the application, the alarm user shall give the alarm coordinator notice of the change within 5 working days of the date that the change becomes effective (This includes moving out of the location or disconnection of the alarm system.) This may be done by email or phone call. Failure to pay false alarm fines may result in automatic non-response status. <p style="text-align: center;">FOR QUESTIONS, PLEASE CONTACT THE ALARM COORDINATOR BY E-MAIL OR PHONE AlarmCoordinator@ci.santa-ana.ca.us OR 714-245-8004</p>		
<p style="text-align: center;">\$33.48 Annual Permit Fee</p> <p>Must be submitted with New Permit Applications. Renewal invoice will be mailed annually.</p>	<p>Please return application and check to:</p> <p style="text-align: center;">City of Santa Ana 20 Civic Center Plaza M-87 Santa Ana, CA92702 Att: Finance Department</p> <p>*Please make check out to <u>City of Santa Ana</u>*</p>	

FOR OFFICE USE ONLY		
FINANCE DEPARTMENT	ALARM COORDINATOR	POLICE PLAN CHECK / BUILDING
AP INVOICE #:	PERMIT NUMBER:	LOW VOLTAGE PERMIT REQUIRED?
CUSTOMER #:	DATE ASSIGNED:	INSPECTION DATE:
INITIALS:	CITIZEN NOTIFIED:	INITIALS: