

ALARM PERMIT APPLICATION
MUST be completed in full

BUSINESS LICENSE # _____ PERMIT NO. _____ LOCATION OF ALARM: BUSINESS RESIDENCE

1 BUSINESS NAME _____

BUSINESS ADDRESS _____
Address Street Suite/Apt. No. City Zip

OWNER/MANAGER _____
Last First MI

BUSINESS PHONE NO. _____ RESIDENCE PHONE NO. _____

NORMAL BUSINESS HOURS: Check the box below for each day the business is normally open.

MON TUE WED THU FRI SAT SUN OPEN-FROM _____ AM/PM TO _____ AM/PM

2 TYPE OF ALARM: ARMED ROBBERY BURGLARY BOTH DISTURBANCE PANIC BOTH
(CHECK ONE)

TYPE OF NOTIFICATION: 1. SILENT 2. SILENT/RINGER 3. RINGER
(CHECK ONE)

3 RESIDENT _____
Last First MI

ADDRESS _____
Address Street Suite/Apt. No. City Zip

RESIDENCE PHONE NO. _____
 WORK PHONE NO. (FIRST) _____ WORK PHONE NO. (SECOND) _____

4 EMERGENCY CALL LIST: LIST ADDITIONAL LOCAL PERSONS THAT SHALL RESPOND TO ANY ALARM ACTIVATION WITHIN 30 MINUTES IN YOUR ABSENCE.

FIRST CONTACT: _____
Last First MI Phone No.

_____ Address Street Suite/Apt. No. City Zip

SECOND CONTACT: _____
Last First MI Phone No.

_____ Address Street Suite/Apt. No. City Zip

5 ALARM INFORMATION: ALARM COMPANY _____

_____ Address Street Suite/Apt. No. City State Zip Phone No.

6 APPLICANT'S MAILING ADDRESS:

_____ Last First MI

_____ Address Street Suite/Apt. No.

_____ City State Zip

FOR CITY USE ONLY

NEW RENEWAL

Approved By: _____

Denied By: _____

Date: _____

Renewal Date: _____

Issued By: _____

Date: _____

Check #: _____

Date Received: _____

Amount Received: _____

Revenue Fund: _____

ATTENTION _____

NOTICE TO APPLICANTS:

- BUSINESS PERMIT - please complete sections 1, 2, 4, 5, & 6.
RESIDENTIAL PERMIT - please complete sections 2, 3, 4, 5, & 6.
- As part of the application, the permittee shall supply the name, address and telephone number of persons who will render service or repairs within 30 minutes of notification, during any hour of the day or night.
- Applicant agrees to reimburse the City for the cost of false alarms as per city ordinance.
- Applicant agrees to abide by all provisions of the Alarm System Ordinance (Madera Municipal Code Chapter 3-10) as that ordinance now exists or may hereafter be amended.

X _____
Signature of Applicant Date

PLEASE RETURN ALL COPIES