



MILPITAS POLICE DEPARTMENT

Security Alarm Permit Application

Type of Alarm: Residential Commercial

Select One: New Permit Application Annual Renewal Change of Information Only

Premises Information

Alarm Permit Number:			
Alarm Location Address:		Apt/Suite/Bldg#	
Phone Number of Alarmed Location:			
Resident's Name (Residential) or Name of Business (Commercial):			
<i>(Same name the alarm company uses for dispatch)</i>			

Monitoring Alarm Company, if applicable:		Phone #	
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Special Premises Information (i.e. elderly, dogs, hazardous materials, firearms, etc):	

Contact Information

List a primary contact person and two emergency contacts. Listed contacts should be able to respond to an alarm activation to provide access, secure the premises, and/or resetting the alarm upon request. Contacts will be contacted in the order listed. Please do not duplicate telephone numbers.

	Contact Name	Primary Phone #	Secondary Phone #
1			
2			
3			

Billing Information

Attention Name:		Email:	
Billing Address:			
City:		State:	
		Zip Code:	

An alarm permit shall not be transferable in name, ownership, or location. Permit holder must inform the Milpitas Police Department of any changes of information listed on the alarm permit application form. Information contained in this application shall be confidential and restricted for use only by authorized City representatives. I certify that the information I provided herein is true to the best of my knowledge.

Authorized Signature:		Date:	
Printed Name:			

Please submit form electronically on the City's website or return completed form to the Milpitas Police Department: 1275 N. Milpitas Blvd., Milpitas, CA 95035 • Phone: (408) 586-2400 • Fax: (408) 586-2492

Once processed, alarm permit will be mailed to billing address.

FOR OFFICIAL USE ONLY		
Amount Paid:	Received by:	Effective Date:
Date Paid:	Received Date:	Expiration: <u>December 31st</u>