



# Elk Grove Police Department Alarm Permit Registration Form

8400 Laguna Palms Way, Elk Grove, CA 95758  
(916) 478-8155

<b>FOR OFFICE USE ONLY</b>
Permit Number _____
Expires: _____

**Please check one:**    New                       Transfer                       Renewal

*\*\*Please complete form and include your \$50.00 permit fee (New applications only). Make checks payable to City of Elk Grove and mail to: EGPD Alarm Bureau 8400 Laguna Palms Way, Elk Grove, CA 95758\*\**

**Alarm Installation Date:** \_\_\_\_\_

**Permit Type (check):**       Commercial                       Residential                       School District/Government

**Alarm Type (check):**       Robbery                       Panic                       Silent                       Audible

Premise Address: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

**Owner Information:**

Name #1: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_                      Cell #: \_\_\_\_\_                      Work #: \_\_\_\_\_

Name #2: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_                      Cell #: \_\_\_\_\_                      Work #: \_\_\_\_\_

**Billing Address (if applicable)**

First Name: \_\_\_\_\_                      Last Name: \_\_\_\_\_

Address: \_\_\_\_\_                      City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_                      Alt. Phone: \_\_\_\_\_                      Email: \_\_\_\_\_

**Alarm Company**

Business Name: \_\_\_\_\_                      Phone: \_\_\_\_\_

Address: \_\_\_\_\_                      City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

**Emergency Contact Information**

Name	Home Phone	Cell Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Hazards/Special Information/Officer Safety Information**

Dogs(describe) \_\_\_\_\_

Hazardous Materials (describe) \_\_\_\_\_

Firearms (describe) \_\_\_\_\_

Other important information \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_                      Amount Received: \$ \_\_\_\_\_                      Check No. \_\_\_\_\_