



JACKSON POLICE DEPARTMENT

33-D Broadway • Jackson, CA. 95642 • (209) 223-1771

ALARM PERMIT APPLICATION

\$25.00 Fee for 1 Year Permit

PERMIT NO. _____

LOCATION OF ALARM: BUSINESS RESIDENCE

FIRM NAME (if Business) : _____

OWNER (if Residence) : Last Name _____ First _____ M.I. _____

ADDRESS: _____

CITY: JACKSON ZIP: 95642 PHONE NUMBER: (209)

TYPE OF ALARM: ARMED ROBBERY
 BURGLARY - CHECK TYPE 1 SILENT 2 SILENT/RINGER 3 RINGER

BUSINESSES ONLY

NORMAL BUSINESS HOURS: Open From: _____ AM/PM To: _____ AM/PM

Please check each day the business is normally open:

MON TUES WED THURS FRI SAT SUN

EMERGENCY CALL LIST: *List persons to be contacted in case of an alarm emergency*

FIRST CONTACT: _____ PHONE NO. _____

SECOND CONTACT: _____ PHONE NO. _____

THIRD CONTACT: _____ PHONE NO. _____

ALARM INFORMATION

ALARM COMPANY: _____
Name City State Phone Number

SOLD/LEASED BY: _____
Name City State Phone Number

MAINTAINED BY: _____
Name City State Phone Number

YOUR MAILING ADDRESS *(if different than firm or owner above)*

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

ATTENTION: _____

FOR CITY USE ONLY

PERMIT: NEW TRANSFER

DATE RECEIVED _____

AMOUNT RECEIVED _____

SIGNATURE OF APPLICANT

DATE