City of Manteca
MANTECA POLICE DEPARTMENT
1001 W. Center Street
Manteca-CA 95337
(209) 456-8108

ALARM PERMIT

(Type or Print)

1) **LOCATION OF ALARM:** _____
Street Address Apt. or Ste.

(Check √ Mark one) ( ) Home ( ) Work ( ) Business Phone No.: (____)_____

Cell Phone No. (____)_____

2) NAME OF BUSINESS, HOMEOWNER OR TENANT LOCATED AT THE ABOVE ADDRESS:

Business Name_____

(or)

Homeowner's / Applicant's Name: _____

Homeowner's / Applicant's Signature: _____ Date:_____

(Check √ Mark one) ( ) Home ( ) Work ( ) Cell Phone No.: (____)_____

ALARM INFORMATION

(Check √ Mark) ( ) Audible Alarm ( ) Silent Alarm Business No.: (____)_____

Name of Company Monitoring Alarm: _____

_____
Address City Zip Code

EMERGENCY CALL LIST

A minimum of TWO (2) names MUST be listed—*do not include yourself.* These persons MUST have a key to the property and MUST be able to respond and secure the alarm within twenty (20)-minutes.

1) _____
First Name **Last Name**

_____
Address **City** **Zip Code**

Cell No. (___)_____ *(Circle)* Work or Home: (___)_____

2) _____
First Name **Last Name**

_____
Address **City** **Zip Code**

Cell No. (___)_____ *(Circle)* Work or Home: (___)_____

COMPLETE AND RETURN TO THE MANTECA POLICE DEPARTMENT
Mail to the above address or Fax to (209) 923-8938

Revised: 03/24/2010 hc/2226