



CITY OF MODESTO

ALARM PERMIT

New Permit

Update

FOR OFFICE USE ONLY

Permit Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

MODESTO POLICE DEPARTMENT

Alarm Reduction Unit  
600 Tenth Street  
Modesto, CA 95354  
(209) 572-9626  
(209) 572-9649 (Fax)  
www.modestopolice.com

Please Note:

There is no charge to file the Alarm Permit, however you may be billed for **not** having an Alarm Permit on file.

Alarm billing is governed by Modesto Municipal Code (MMC) Section 3-11.

ALARM ADDRESS:

Please COMPLETELY Fill Out This Form

Name Of Person Responsible For Alarm:		Social Security #:
Name Of Business (If Applicable):		
Address:		<input type="checkbox"/> Residence <input type="checkbox"/> Apt #: _____ <input type="checkbox"/> Business <input type="checkbox"/> Ste #: _____
Zip Code:    953 _____	Phone Number:	Alternate Phone Number: (If Available)
How Long Have You Been At This Address?	Do You Currently Have An Alarm Permit On File With Modesto PD? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

MAILING ADDRESS: (If Different From Above)

Address Or P.O. Box:			
City:	State:	Zip Code:	Phone Number:

**EMERGENCY CALL LIST:** Please list two people who can be contacted **locally** in case of emergency. Someone must respond to your alarm within 20 minutes, **with a key to the building and the alarm code.**

NAME	DAY PHONE	NIGHT PHONE
_____	_____	_____
_____	_____	_____

**TYPE OF ALARM:**  
(Check All That Apply)

- Audible                       Panic or Duress  
 Silent

ALARM COMPANY MONITORING ALARM:

Name:	Phone Number:
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Applicant Signature:	Date:
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