

Check one:
New
Transfer
Renewal

Napa Police Department
Alarm Permit Application
Residential Commercial

Permit No. _____
Expires: _____

Alarmed Premise Address: _____
Number Street Phone No. of the Alarm Premise

Business Name (if applicable): _____

Previous Name (if transfer): _____

Mailing Address (if different): _____
Number Street City Zip

Owner Name: _____

Address: _____
Number Street City Zip Phone No.

ALARM TYPE(S):

INTRUSION: ROBBERY: PANIC ALARM: OTHER: Describe ↗
Silent
Audible
Both

EMERGENCY CALL LIST: List persons to be called in case of alarm activation or emergency:

First Contact: _____
Name Phone No.
Address

Second Contact: _____
Name Phone No.
Address

ALARM COMPANY INFORMATION/CERTIFICATION:

Installed/Serviced/
Maintained by: _____
Alarm Company Name Address Phone No.
Date Installed

Monitored by: _____
Alarm Company Name Address Phone No.

I hereby certify that the alarm system described herein complies with Napa Municipal Code Chapter 9.60..

Signature Print Name & Title (if applicable)

For City Use Only:
Date Received _____
Amount Rec'd \$ _____
Receipt No. _____

Return completed form together with application fee to: 1539 First St, Napa, Ca 94559