

**EL DORADO COUNTY**  
**ALARM PERMIT APPLICATION**

El Dorado County Sheriff's Office  
Central Dispatch  
300 Fair Lane, Placerville, CA 95667  
(530) 621-5499

<b>Alarm Information</b> (complete for all alarms):	
<b>EXACT ADDRESS OF ALARM</b> (complete street address, including suite, building, apartment numbers, etc.): Street Address: <input style="width: 700px; height: 20px;" type="text"/> Suite, Bldg, Apt. etc. <input style="width: 700px; height: 20px;" type="text"/>	
<b>TYPE OF ALARM</b> (check at least one item on each row): <input type="checkbox"/> Armed Robbery <input type="checkbox"/> Burglary <input type="checkbox"/> Panic <input type="checkbox"/> Silent <input type="checkbox"/> Audible <input type="checkbox"/> Silent/Audible (Combination)	
<b>IS ALARM MONITORED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Name of monitoring company: <input style="width: 500px; height: 20px;" type="text"/> City: <input style="width: 150px; height: 20px;" type="text"/> State: <input style="width: 50px; height: 20px;" type="text"/> Phone: <input style="width: 150px; height: 20px;" type="text"/>	
<b>LOCATION OF ALARM:</b> <input type="checkbox"/> Residence <input type="checkbox"/> Business (if business, provide the following information) Name of Business: <input style="width: 600px; height: 20px;" type="text"/> Days business is normally open: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Normal business hours:      _____ <input type="checkbox"/> AM <input type="checkbox"/> PM      to      _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>Permit Mailing Information</b>	
Last Name: <input style="width: 200px; height: 20px;" type="text"/> First Name: <input style="width: 200px; height: 20px;" type="text"/> Mailing Address: <input style="width: 750px; height: 20px;" type="text"/> City: <input style="width: 150px; height: 20px;" type="text"/> State: <input style="width: 50px; height: 20px;" type="text" value="CA"/> Zip Code: <input style="width: 100px; height: 20px;" type="text"/> Attention: <input style="width: 250px; height: 20px;" type="text"/> Phone #: <input style="width: 150px; height: 20px;" type="text"/>	
<b>Emergency Call List</b>	
1 <sup>st</sup> Contact: <input style="width: 450px; height: 40px;" type="text"/>	Phone Number:    Home: <input style="width: 60px; height: 20px;" type="text"/> Work: <input style="width: 60px; height: 20px;" type="text"/> Cell: <input style="width: 60px; height: 20px;" type="text"/>
2 <sup>nd</sup> Contact: <input style="width: 450px; height: 40px;" type="text"/>	Phone Number    Home: <input style="width: 60px; height: 20px;" type="text"/> Work: <input style="width: 60px; height: 20px;" type="text"/> Cell: <input style="width: 60px; height: 20px;" type="text"/>
3 <sup>rd</sup> Contact: <input style="width: 450px; height: 40px;" type="text"/>	Phone Number    Home: <input style="width: 60px; height: 20px;" type="text"/> Work: <input style="width: 60px; height: 20px;" type="text"/> Cell: <input style="width: 60px; height: 20px;" type="text"/>
<b>TYPE OF PERMIT:</b> <input type="checkbox"/> New Permit - \$30.00 <input type="checkbox"/> Transfer or Existing Permit - \$10.00	

Signature of Applicant

Date

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Name: \_\_\_\_\_

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

In the space provided below, please give us brief but exact directions to your residence or business where the alarm is located. Also provide a description of the house or business, as these are the directions that will be given to the deputies responding to an alarm. Start from a well-known road or landmark and include any additional information that will assist deputies in locating your home or business. Also note any obstacles the deputy may encounter, such as locked gates, electric fences, backyard pools/spas, animals, reptiles, (dog breeds, etc.)

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**WRITTEN DIRECTIONS**

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**OBSTACLES**

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Draw a map following the directions above: