

ALARM PERMIT APPLICATION

MUST be completed in full - Please print or type



Application Fee: \$30.00 payable to *City of Roseville*

Submit to: Roseville Police Department
ATTN: Community Services Unit
1051 Junction Boulevard Roseville, CA 95678
(916) 774-5093

Applicant Information (Applicant name or, if applicable, business name)

Name: _____
Last First MI

Street Address: _____
(Alarm location)

City, State, Zip: _____

Residence Telephone: _____ Business Telephone: _____

Business: Owner / Manager Name: _____

Telephone (after hours): _____

Hours of Operation: S M T W TH F S Hours: _____
(circle all that apply)

Alarm Information:

Alarm Company: _____

Address: _____

City, State, Zip: _____ Business Telephone: _____

Type of Alarm(s): Burglar _____ Panic _____ Robbery _____ Other: _____

Notification: Silent _____ Interior/Exterior Audible _____ Both _____

Mailing Address (if different from applicant address):

Name: _____

Address: _____

City, State Zip: _____

Applicant agrees to:

1. Reimburse the City of Roseville for the partial cost of police response to excessive false alarms per the City's Ordinance.
2. Abide by all provisions of the Alarm System Ordinance (Roseville Municipal Code, Chapter 10.64) as that ordinance now exists or may hereafter be amended.

FOR POLICE DEPT. USE ONLY

Permit No. _____

Approved by: _____

Date Approved: _____

Payment Date: _____

Amount \$ _____

Check # _____

Signature of Applicant

Date

(Rev. 01/2008)