



NAPA POLICE DEPARTMENT

Check one:

- New
- Transfer
- Renewal
- Update

Alarm Permit Application

For City Use Only:

Permit No.: _____

Expires: _____

ALARM PREMISE INFORMATION

Premise Address: _____

Phone No.: _____

Mailing Address (if different): _____

Business Name (if applicable): _____

Previous Name (if transfer): _____

OWNER INFORMATION

1. Name: _____

Driver License No.: _____

Address: _____

Phone No.: _____

Work No.: _____

Cell No.: _____

2. Name: _____

Driver License No.: _____

Address: _____

Phone No.: _____

Work No.: _____

Cell No.: _____

EMERGENCY CALL LIST (LIST PERSONS TO BE CALLED IN CASE OF ALARM ACTIVATION OR EMERGENCY)

1. Name: _____

Driver License No.: _____

Address: _____

Phone No.: _____

Work No.: _____

Cell No.: _____

2. Name: _____

Driver License No.: _____

Address: _____

Phone No.: _____

Work No.: _____

Cell No.: _____

3. Name: _____

Driver License No.: _____

Address: _____

Phone No.: _____

Work No.: _____

Cell No.: _____

ALARM INFORMATIONIntrusion: Robbery: Panic Alarm: Other:

Monitored by: _____

Address: _____

Phone No.: _____

Installed/Service by: _____

Address: _____

Phone No.: _____

Date Installed: _____

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

Signature: _____

Print Name & Title (if applicable): _____

PLEASE RETURN COMPLETED FORM TOGETHER WITH \$49.00 APPLICATION FEE TO: 1539 FIRST ST. NAPA, CA 94559

For City Use Only:

Date Received: _____

Amount Rec'd: \$ _____

Receipt No.: _____