



CITY OF SAN GABRIEL

Alarm Permit Application

425 S. Mission Dr. San Gabriel, CA 91776

Phone (626) 308-2812

Resident/Business Owner - Please fill out and return with payment to the City of San Gabriel.

Check one: New Application - \$40.00 Renewal \$20.00

Date: _____

FOR RESIDENTIAL ALARM SYSTEM:

Owner(s) Name: _____ Telephone: _____

Residence Address: _____

Mailing address (if different from above) _____

If rented/leased occupant(s) name: _____ Telephone: _____

FOR BUSINESS ALARM SYSTEM:

Business name: _____ Telephone: _____

Address: _____

Owner(s) name: _____ Business License # _____

Owner(s) mailing address: _____ Telephone: _____

Manager: _____ Telephone: _____

RESIDENTIAL/BUSINESS EMERGENCY CONTACT INFORMATION:

(Persons who can respond to secure location on a 24-hour basis)

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

ALARM COMPANY INFORMATION:

Type of alarm system: Audible/bell Monitored/silent Panic/robbery Response Other

Alarm Company Name: _____ Telephone: _____

Address: _____

Monitoring Company (if different): _____

Central Station Telephone: _____

Residents and businesses with an alarm permit will get up to three (3) no charge false burglar alarm calls in a revolving 12-month period. Each additional false alarm activation will result in a \$105 fee per incident or call. Those residents and businesses without an alarm permit will be charged \$105 for **each** false alarm activation.

Pursuant to the Public Records Act GC Section 6254 (f), this information is confidential except for law enforcement purposes.

FINANCE DEPARTMENT USE ONLY

Permit Number: _____ Payment Type/amount: _____
Permit expiration date: _____ Check # _____ Visa/ MC # _____ Cash _____