



# ALARM PERMIT APPLICATION

\$25.00 Fee for 1 Year Permit

CITY PERMIT NO. (City use only) \_\_\_\_\_ LOCATION OF ALARM:  BUSINESS  RESIDENCE

FIRM NAME (if Business) : \_\_\_\_\_

OWNER (if Residence): Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: Jackson ZIP: 95642 PHONE NUMBER: (209) \_\_\_\_\_

TYPE OF ALARM:  ARMED ROBBERY  
 BURGLARY - CHECK TYPE  SILENT  AUDIBLE  SILENT/AUDIBLE

**BUSINESSES ONLY**

NORMAL BUSINESS HOURS: Open From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM

*Please check each day the business is normally open:*

MON  TUES  WED  THURS  FRI  SAT  SUN

**EMERGENCY CALL LIST:** *List persons to be contacted in case of an alarm emergency*

|                 |       |             | Will respond?            | Has a key?               |
|-----------------|-------|-------------|--------------------------|--------------------------|
| FIRST CONTACT:  | _____ | PHONE _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| SECOND CONTACT: | _____ | PHONE _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| THIRD CONTACT:  | _____ | PHONE _____ | <input type="checkbox"/> | <input type="checkbox"/> |

**ALARM COMPANY INFORMATION:**

| Name  | City  | State | Phone | Permit No. |
|-------|-------|-------|-------|------------|
| _____ | _____ | _____ | _____ | _____      |

**YOUR MAILING ADDRESS** *(if different than firm or owner above)*

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ATTENTION: \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**FOR CITY USE ONLY**

PERMIT:  NEW  TRANSFER

DATE RECEIVED \_\_\_\_\_

AMOUNT RECEIVED \_\_\_\_\_

CLERK INITIALS \_\_\_\_\_