



# NAPA POLICE DEPARTMENT

Check one:

- New
- Transfer
- Renewal

## 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 INFORMATION

Intrusion:

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 \$34.00 APPLICATION FEE TO: 1539 FIRST ST. NAPA, CA 94559**

**For City Use Only:**

Date Received: \_\_\_\_\_

Amount Rec'd: \$ \_\_\_\_\_

Receipt No.: \_\_\_\_\_