

CITY OF ANTIOCH
ALARM PERMIT APPLICATION

(MAIL WITH **\$33** FEE TO: CITY OF ANTIOCH, ATTN: FINANCE DEPT, P.O. Box 5007, ANTIOCH, CA 94531-5007)

ALARM LOCATION INFORMATION

Resident/Business Name:	
Alarm Address:	
Premise Phone:	

ALARM COMPANY INFORMATION

Alarm Company Name:	
Alarm Company Address:	
Alarm Company Phone:	

APPLICANT INFORMATION (if different than above)

Applicant Name:	
Applicant Mailing Address:	
Applicant Phone(s):	

EMERGENCY RESPONSE CONTACTS: *Note: List at least 2 emergency contacts capable of responding within 30 minutes to the alarm location, if requested. You may include yourself with a cell phone number.*

NAME	ADDRESS/CITY	PHONE
1.		
2.		
3.		

APPLICANT'S SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY (Alarm Use Permit – Account Code: 100-3110-46315)

<p style="text-align: center;">FINANCE DEPARTMENT</p> <p>Paid with Invoice <input type="checkbox"/> Paid w/o Invoice <input type="checkbox"/></p> <p>Bi-Tech receipt # / Incode receipt # _____</p> <p>By: _____ Date: _____</p>	<p style="text-align: center;">POLICE DEPARTMENT</p> <p>Application Approved <input type="checkbox"/> Denied <input type="checkbox"/></p> <p>By: _____ Date: _____</p> <p>ALARM PERMIT #: _____</p>
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