

CITY OF ARCATA
ALARM PERMIT
PLEASE ONLY FILL OUT IF YOUR INFORMATION HAS CHANGED

Date: _____

Address Location of Alarm: _____

Name of Business or Resident: _____

Address of Business or Resident: _____ Phone: _____

Business owner or authorized agent: _____ Phone: _____

Alarm installed in: ☐ Residence ☐ Commercial location

Type of alarm (check all applicable):

☐ Silent ☐ Audible ☐ Direct Phone Dialer ☐ Burglary ☐ Robbery/Panic ☐ Other _____

Alarm Detectors: ☐ Ultrasonic ☐ Infrared ☐ Microwave ☐ Other _____

Alarm Signal:

☐ Connects with an alarm service

Name of service _____

☐ Alarm has a local bell. No signal is sent.

Alarm installer _____

Alarm system has a backup power supply that operates the system for _____ hours.

Audible alarms only: The alarm system automatically deactivates after _____ minutes.

Emergency Notification: List persons who can respond to the alarm site if activation occurs **at any time**. Persons will be called in order listed. Business must list at least three (3) persons. Residents must list at least one (1) person.

Name: _____ Bus#: _____ Res#: _____

Name: _____ Bus#: _____ Res#: _____

Name: _____ Bus#: _____ Res#: _____

I HEREBY STATE THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS CORRECT:

Signature of owner or authorized agent: _____

The alarm permit application/renewal fee is **\$20.00**. Make checks payable to the City of Arcata.

Return the check and permit application to the:

Arcata Police Department

736 F Street

Arcata, CA 95521.

You will not receive notification of application approval. You will only be contacted if your application is not approved. Any changes in the information provided on this permit application must be reported to the Arcata Police Department within five (5) working days of the change.

Fee Paid: _____ Date: _____ By: _____