

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: \_\_\_\_\_