

## EL CERRITO POLICE DEPARTMENT



Check one:	Alarm Perm	nit Application	For City Use Only:
New Transfer			Permit No.:
Renewal			Expires:
	ALARM PREMI	SE INFORMATION	схріїсь.
Premise Address: Phone No.:			
Mailing Address (if different):			
Business Name (if applicable):			
Previous Name (if transfer):			
OWNER INFORMATION			
1. Name:			
Address:			
Phone No.:	Work No.:	Cell	No.:
2. Name:			
Address:			
Phone No.:	Work No.:	Cell	No.:
EMERGENCY CALL LIST (LIST PERSONS TO BE CALLED IN CASE OF ALARM ACTIVATION OR EMERGENCY)			
1. Name:			
Address:			
Phone No.:	Work No.:	Cell	No.:
2. Name:			
Address:			
Phone No.:	Work No.:	Cell	No.:
3. Name:			
Address:			
Phone No.:	Work No.:	Cell	No.:
ALARM INFORMATION			
Intrusion:	Robbery:	Panic Alarm:	Other:
Monitored by:			
Address: Phone No.:			
Installed/Serviced by:			
Address:	: Phone No.:		
Date Installed:			
I hereby certify that the alarm system described herein complies with El Cerrito Municipal Code Chapter 6.55			
Signature:			
Print Name & Title (if applicable):			
PLEASE RETURN COMPLETED FORM TOGETHER WITH \$28.00 APPLICATION FEE TO: ECPD Alarm Desk 10900 San Pablo Ave El Cerrito 94530 For City Use Only:			
Date Received:			
Amount Rec'd: \$			