

City of Salinas

P.O. Box 142315, Irving, TX 75014, Phone: 1-877-484-7718

ALARM PERMIT APPLICATION

Please type or print in **BLOCK CAPITAL LETTERS** clearly inside the box.

(Please print)

Type of Alarm:		Residential Business Govt Entity											Burglary				Robbery			Panic Hold Up							
Name of Registration Holder:																											
Business Name:																											
Name of responsible party:																											
Alarm Location: (Include Building/Apt #) (Include Suite or Unit #) City:																	St	ate:				Zip:					
Billing Address: (if different)																											
City:																	Sta	ate:			2	Zip:					
Email Address:																											
Home Phone:														Cell	Pho	ne:][
Office Phone:																											
EMERGENCY CONTACTS																											
Name:																											
Phone #1:														Pho	ne #:	2:][
Name:																											
Phone #1:	Γ			П	T	T	\Box						ı	Phon	e #2	2: [\neg		Γ	T	T	$\overline{1}$	\exists	\exists	\exists	$\overline{}$
PECIAL CONDITIONS order to ensure the safety of our officers, the public and to enable the Salinas Police Department to better protect your property, please provide information regarding potentially hazardous recumstances (i.e. guard animals, hazardous substances, etc.)																											
Comment:	Т			Ĺ	Ĺ																						П
── ALARM INSTALLATION DE	TAIL	S								_										_			<u> </u>				
Alarm Installation Date:			/			/ [Р	hone	e #:] [
Alarm Installation Company:																											
Address:																											
Monitoring Company: (if different)																											
Address:																											
Phone #:				Г	Т	Т																					
PLEASE READ THE FOLLOWING A This is to certify that as the applying p procedures and practices to follow in alarm system, including written guidel calls, traffic conditions, emergency co	orincipa the eve lines or	al, my ent than n how	at the to av	alarm oid fa	syste	em is	accid	entall	y activ	vated,	l also	ackn	owle	dge th	at the	insta	ıllatioı ıding,	but r	pany	left m	ie a se	et of v	vritten	n instru	uction		
Signature: (Owner)				1045	· · ·	<u> </u>						N:4	0 - 1"				Date			/	<u>'</u>	10 "] /	Ш			
In accordance with the City of Salinas, C alarm registration/renewal and false alarr											i tne C	ity of	Salina	ıs, Cal	iiornia	, it mu	St be I	egiste	ered wi	in the	City o	or Salir	ıas se	parate	⊮y. Ih	е тее 1	ior an

Registration Fees:

- \$42.00 for Residential
- \$42.00 for Commercial

Renewal Fees:

- \$24.25 for Residential
- \$24.25 for Commercial
- False Alarm Fines:

Burglary/Robbery/Panic Hold Up -Registered location Fine Schedule

- 1st false alarm: \$70.50
- 2nd false alarm: \$175.50
- 3rd false alarm: \$234.00
- 4th false alarm: \$351.50
- 5th false alarm and more: \$468.75 each
- Burglary/Robbery/Panic Hold Up Unregistered and expired permit location Fine Schedule
- 1st false alarm: \$70.50
- 2nd false alarm: \$175.50
- 3rd false alarm: \$234.00 • 4th false alarm: \$351.50
- 5th false alarm and more: \$468.75 each

For Customer Service Call: 1-877-484-7718 Mail this form and payment to:

City of Salinas False Alarm Reduction Program

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