



WEST SACRAMENTO POLICE DEPARTMENT
ALARM PERMIT DIVISION
550 JEFFERSON BOULEVARD
WEST SACRAMENTO, CA 95605
(916) 617-4900 / FAX: (916) 373-2377

ALARM PERMIT APPLICATION

WEST SACRAMENTO

FOR OFFICE USE ONLY

DATE RECEIVED: _____
AMT. RECEIVED: _____
CHECK NO: _____
PERMIT # _____
EXPIRATION DATE: _____

Please check one:

☐ New

☐ Renewal

PERMIT TYPE:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> Government/School District	
ALARM TYPE:	<input type="checkbox"/> Robbery	<input type="checkbox"/> Panic	<input type="checkbox"/> Silent	<input type="checkbox"/> Audible

PREMISE ADDRESS: _____

Business Name: (if applicable) _____

Owner Information:

Name: _____

Address: _____

Phone #: _____ Cell #: _____ Work #: _____

Billing Address: (if applicable)

Name: _____

Address: _____

Phone #: _____ Cell #: _____ Work #: _____

Alarm Company Information:

Company Name: _____ Phone #: _____

Address: _____

Emergency Contact Information:

Name	Home Phone No.	Cell Phone No.

OFFICER SAFETY INFORMATION:

☐ Dogs _____ ☐ Hazardous Materials _____ ☐ Firearms _____

Additional Information: _____

Applicant agrees to abide by all provisions of the City of West Sacramento Alarm System Ordinance, as said ordinance now exists or may hereinafter be amended (Municipal Code, Chapter 8.11). Applicant further agrees to reimburse the City for costs incurred by the City in responding to excessive false alarms.

Applicants Signature	Date Signed

Please return the completed application form to:

West Sacramento Police Department-Alarm Division
550 Jefferson Blvd, West Sacramento, CA 95605