

San Benito County Sheriff's Office

APPLICATION FOR ALARM PERMIT

The intent of this application is to provide the citizens with the best possible service requiring response by San Benito County Sheriff's Office personnel.

Only completed applications will be processed. Return to the Sheriff's Office at 2301 Technology Parkway, Hollister, CA 95023 by mail or personal delivery. Once approved, a copy will be sent to you and serve as your permit.

The applicant acknowledges that the san Benito County Sheriff's Office reserves the right to disconnect, order disconnection, or terminate normal response to the alarm device when, in the opinion of the appropriate authority continued operation of the alarm device would constitute a detriment to the public health, safety and welfare. The undersigned is responsible for any charges relating to disconnection or termination of the alarm device by the Sheriff's Office.

It is expressly understood by the undersigned that any violation of the San Benito County Alarm Ordinance may result in a suspension or revocation of this permit and/or assessment as prescribed in the ordinance itself.

Type: Residential Business

Name: _____

Street Address: _____

Nearest Cross Street: _____

Telephone # Residential _____ Business _____

The house/building numbers are posted:

on the house/building at the driveway entrance other (list below)

Identifiable features: _____

Gate combination and/or entrance instructions: _____

Mailing Address: _____

If business, type of business: _____

Name of Owner/Manager/Landlord: _____

Phone(s) # of Owner/Manager/Landlord: _____

Party responsible for payment of alarm penalty assessment if different than owner/manager/land: (list name and mailing address)

Name: _____ Phone #'s _____

Address: _____

Emergency contacts: Please list two (2) persons other than yourself who can be contacted in the event of an emergency. These contacts must be able to respond to the location within 15 minutes and have the authority assume responsibility for the security of the business or residence.

Name: _____ Phone #'s _____

Address: _____

Name: _____ Phone #'s _____

Address: _____

The second responding party may be an alarm company representative if no other person is available. The alarm company representative MUST initial next to the company's name in this section if they accept this responsibility.

The Alarm Company or person responsible for the maintenance of the system is:

Alarm Company and State License #: _____

Address: _____

Telephone #: _____ Representative: _____

This location is equipped with the following types of alarms:

Residential: Burglar Silent Central Station Audible

Commercial Burglar Silent Central Station Audible

How Activated: Ultrasonic Pressure Mat Light Door/Window Tape
 Laser Other (describe) _____

Was the system installed by the owner? Yes No

Is this a new system? Yes No

Previous owner: Yes No If so, name: _____

I have read, understand and agree to the provisions of this alarm permit application:

Signature: _____ Owner Manager Resident

Approved by:

_____ Date: _____