



For Official Use only	
Alarm Permit #	_____
Premise ID #	_____
New	Change _____

Please mail application and check to:

Menlo Park Police Department
 Attn: Alarms
 701 Laurel St
 Menlo Park, Ca 94025

MENLO PARK POLICE ALARM PERMIT APPLICATION

1. Alarm Subscriber: Business or Resident's Name _____
2. Business or Residence Owner (if different) _____
3. Address of Alarmed Location _____
4. Phone Number of Alarmed Location _____
5. Email: _____
6. Mailing Address of Alarm User (if different) _____
 ATTN: _____
7. City, State, Zip Code _____
8. Name of Alarm Company _____
9. Alarm Company Phone Number _____
10. Comments/Pets/Other Hazards _____
11. Please list three persons who could respond, within 30 minutes, in the event of an alarm. These persons must also have a key to the premises and be able to reset a malfunctioning alarm and secure the premises. If you do not have three persons to respond, you may list yourself or others who would know how to get a hold of you in case of an emergency.

	Name	Day Phone	Night Phone	Cell Phone
A.	_____			
B.	_____			
C.	_____			

Type of Alarm: _____ Robbery _____ Panic _____ Burglary _____ Silent

 Signature of Applicant

 Date

**Upon approval, a sticker with your permit number will be mailed to you and can be posted and visible at the main entrance to your home or business.
 You must enclose a \$25.00 (initial registration) permit fee.
 Make check payable to the City of Menlo Park**