

City of Hollister
Police Department

APPLICATION FOR ALARM PERMIT

Application Date: _____

\$35.00 Registration Fee

payable to the City of Hollister Police Department

Return completed application with payment to Hollister Police Department, 395 Apollo Court, Hollister, CA 95023

The intention of this application is to provide the citizens of Hollister with the best possible responses by the Hollister Police Department in regard to calls for service for both residential and business alarms.

*Please check one:		<input type="checkbox"/> New	<input type="checkbox"/> Renewal	
*PERMIT TYPE:	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOV'T / SCHOOL DISTRICT	
*ALARM TYPE:	<input type="checkbox"/> BURGLAR/ROBBERY	<input type="checkbox"/> SILENT	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> AUDIBLE

***PREMISE ADDRESS:** _____

***MAILING/BILLING ADDRESS:**(if different) _____

***BUSINESS OR RESIDENT NAME:** _____

***HOME #** _____ ***WORK #** _____ ***CELL #** _____

PHYSICAL DESCRIPTION OF BUILDING: _____

EMERGENCY CONTACT IF OWNER IS UNREACHABLE:

NAME: _____ **PHONE:** _____

ALARM INSTALLED BY: **OWNER** **ALARM COMPANY**

ALARM COMPANY NAME: _____ **PHONE:** _____

CALIFORNIA STATE LICENSE NUMBER: _____

***OFFICER ACCESS AND SAFETY INFORMATION:**

GATE CODE _____ **DOGS** **HAZARDOUS MATERIALS** **FIREARMS**

ADDITIONAL INFORMATION: _____

Applicant agrees to abide by all provisions of the City of Hollister Municipal Code, Alarm System Ordinance (Municipal Code, Chapter 8.04). Applicant further agrees to reimburse the City for costs incurred by the City in responding to excessive false alarms.

False alarm penalties in any 90-day period: (as of form revision date)	1st false alarm: \$0.00 / warning	2nd false alarm: \$100.00	3rd false alarm: \$200.00
More information on False Alarm Civil Penalty Assessments are found online in the Hollister Municipal Code at http://qcode.us/codes/hollister/ Section 8.04.110			
*Applicant Signature: _____		*Date Signed: _____	
FOR OFFICE USE ONLY	HPD PERSONNEL NAME	DATE / TIME RECEIVED	COMPLETED / PENDING

***REQUIRED FIELDS**

Revised 10.18.2013