

Imperial County Sheriff's Department

P.O. BOX 1040 • 328 Applestill Road
El Centro, California 92243-1040
(760)339-6311

APPLICATION FOR ALARM PERMIT

Applicant's name: _____
LAST FIRST MIDDLE D.O.B.

Residence address: _____
NUMBER STREET CITY, STATE, ZIP

Business address: _____
NUMBER STREET CITY, STATE, ZIP

Telephone numbers: Residence: _____ Business: _____

Location of alarm: _____

Address of alarm: _____

Number of alarms and description of location(s) _____

Type of alarm: Burglar _____ Fire _____ Panic _____ Audible _____ Silent _____

Alarm company name: _____ Address _____

Agent to notify sheriff of alarm: _____ Telephone _____

Emergency contact persons or company: _____

Name _____ Telephone _____
D.O.B.

Address _____

Name _____ Telephone _____

Address _____

Hazards at alarm site: _____
Guard dog, etc

I certify under penalty of perjury that the information I have given is true and correct to the best of my knowledge and belief. I understand and agree to having all required notices, unless otherwise specified, sent by U.S. Mail to the address given on this application. I agree to notify the sheriff of any changes in the written information in the application within five (5) days from the date of the change.

Date _____ Signature _____

(For office use only)

Issue date: _____ Permit Number _____ Expires _____

By: _____