



SACRAMENTO COUNTY SHERIFF'S DEPARTMENT
ALARM ORDINANCE BUREAU
 (916) 874-4616
 (916) 874-8101-FAX

PERMIT NUMBER _____

CHECK# _____
 AMOUNT _____

ALARM PERMIT APPLICATION

Type or Print. All copies must be legible. **INCOMPLETE FORMS WILL NOT BE PROCESSED.** Required Fields:

✓ Permit Type: Residential Business Government School

✓ Business Name (if applicable): _____

✓ Applicant Last Name: _____ ✓ First: _____ MI: _____

✓ Drivers License #: _____ ✓ State: _____
 Month Day Year

✓ Date of Birth: _____

✓ Site Address Number: _____ ✓ Street: _____ ✓ Suite: _____

✓ Site City: _____ ✓ State: _____ ✓ Zip: _____

Mailing Address # (if different): _____ Street: _____ Suite: _____

Mailing City: _____ State: _____ Zip: _____

✓ Phone 1: ✓ Area Code () - ✓ Number () -

Phone 2: Area Code () - Number () -

Phone 3: Area Code () - Number () -

e-mail (optional): _____

✓ Alarm Company: Sacramento Valley Alarm Security Systems, Inc.

NON-REFUNDABLE PERMIT FEE

NEW.....\$ 50 if obtained within 15 days of installation/placement into service
 \$ 75 if obtained after 15 days of installation/placement into service
 \$325 if obtained after 45 days of installation/placement into service
RENEWAL.....\$ 45 Every two years
\$42 service charge assessed on all returned checks.

MAKE CHECK PAYABLE TO AND REMIT PAYMENT WITH COMPLETED APPLICATION TO:

SHERIFF'S ALARM BUREAU
 P O Box 988
 Sacramento, CA 95812-0988

Website: www.sacsheriff.com
 e-mail: alarms@sacsheriff.com

A COPY OF THE SACRAMENTO COUNTY ALARM ORDINANCE IS AVAILABLE AT THE SHERIFF'S DEPARTMENT WEBSITE – www.sacsheriff.com.

SECTION 9.20/010 STATES THAT IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY FALSIFY OR CONCEAL ANY FACT(S) OR MAKE FALSE OR FRAUDULENT STATEMENT(S) IN ANY MANNER WITHIN THE JURISDICTION OF ANY DEPARTMENT OF THE COUNTY.

ADDITIONALLY, I ACCEPT RESPONSIBILITY FOR PAYMENT OF ALL FEES AND FINES THAT MAY RESULT FROM THE OPERATION OF THE ALARM SYSTEM SERVICING THE ABOVE PREMISES UNTIL SUCH TIME I NOTIFY THE SHERIFF'S ALARM BUREAU OF REMOVAL OF THE SYSTEM AND/OR RELOCATION. I AM ALSO RESPONSIBLE FOR NOTIFICATION TO THE SHERIFF'S DEPARTMENT OF ANY ALARM COMPANY CHANGES WITHIN 10 DAYS.

APPLICANT'S SIGNATURE	DATE

CUSTOMER FALSE ALARM PREVENTION CHECKLIST

(referred to in Emergency Alarm Ordinance 9.96.136(F) as "Appendix C")

Yes No

- ___ ___ 1. I have been made aware of the Sacramento County Emergency Alarm Ordinance 9.96 and I will comply with its requirements.
- ___ ___ 2. In lieu of receiving a copy of the Sacramento County Emergency Alarm Ordinance, I will obtain my own from: www.sacsheriff.com and selecting the link to the Alarm Ordinance Bureau, and then selecting the link to the Sacramento County Emergency Alarm Ordinance
- ___ ___ 3. I understand it is my responsibility to prevent false alarms, and I understand that it is critical and my responsibility to assure that all users of the system (such as residents, employees, guests, cleaning people, and repair people) are trained on the proper use of the system.
- ___ ___ 4. I understand that the monitoring company may agree with the alarm user not to make an alarm dispatch request of the Sheriff's Department in response to a burglar alarm signal, excluding panic, duress and hold up signals, during the first seven (7) days following an alarm system installation.
- ___ ___ 5. I have been trained in the proper operation of the system and have been given an operating sheet summarizing the proper use of the system, as well as the security system operating manual.
- ___ ___ 6. I know how to turn off motion detectors while leaving other sensors on. (Residential only)
- ___ ___ 7. I know how to test the system, including the communication link with the monitoring center.
- ___ ___ 8. I understand that my entry time is ___ and my exit time is ___.
- ___ ___ 9. I have the alarm company phone number to request repair service or to ask questions about the alarm system.
- ___ ___ 10. I know how to cancel an accidental alarm activation and have the system cancellation code or code word.
- ___ ___ 11. I understand that indoor pets can cause false alarms, and I will contact my alarm company to adjust the system if I acquire any additional indoor pets.
- ___ ___ 12. I understand that the main control panel and transformer are located in _____.
- ___ ___ 13. I have received an alarm sheet, which describes how the alarm company will communicate with me in the event of various alarm signals.
- ___ ___ 14. I understand the importance of:
- Keeping my emergency contact information updated and I know how to do this;
 - Immediately advising the alarm company if my phone number changes (including area code changes); and
 - Immediately advising the alarm company of any other changes to my telephone service such as call waiting or a fax line.
- ___ ___ 15. I will advise the alarm company if I do any remodeling (such as painting, moving walls, doors or windows).
- ___ ___ 16. I understand that certain building defects (such as loose fitting doors or windows, rodents, inadequate power, and roof leaks) can cause false alarms. I will correct these defects as I become aware of them.
- ___ ___ 17. The alarm company has given me written false alarm prevention techniques to help me prevent false alarms.

Comments:

Customer's Name (Print)
Sacramento Valley Alarm
Security Systems, Inc.
5933 Folsom Blvd.

Alarm Company Name

Sacramento, CA 95819

916-452-1481 Central Station 452-4651

Customer's Signature

Date

Alarm Company Representative's Signature

Date