

Sacramento Police Department Alarm User Permit Application

Print Form

SPD False Alarm Reduction Unit
5770 Freeport Blvd. #100
Sacramento, CA 95822
(916) 808-0702

Permit # (Office Use Only)

INSTRUCTIONS: Please complete this application form and remit with your \$30 application fee to the address above. Make check or money order payable to the Sacramento Police Department.

1 Alarmed Location

Business Name OR Occupant Name (Last Name, First Name)

Phone Number 1

Phone Number 2

Street Address

Suite / Apt #

Sacramento

CA

City

State

Zip

2 Billing Address (if different than above)

Full Name (Last Name, First Name)

Street Address

Suite / Apt #

Phone Number 1

City / State / Zip

Phone Number 2

3 Contact Information

Primary Contact

Secondary Contact

Last Name, First Name

Last Name, First Name

Phone Number 1

Phone Number 2

Phone Number 1

Phone Number 2

E-Mail Address

E-Mail Address

4 Additional Information

Date of Alarm Installation/Activation

☐ Automatic Reset

☐ Audible

Special Conditions/Hazards

5 Alarm Companies

☐ Not Monitored

Alarm Monitored By

Phone Number

Alarm Sold By

Phone Number

Applicant Signature

Date

*****Office Use Only*****

Check # _____ Date Received _____ Amt _____