

MAIL APPLICATION AND PAYMENT TO:

Stockton Police Department
Alarm Reduction Unit
22 E. Market St.
Stockton, CA 95202

ALARM PERMIT APPLICATION

STOCKTON POLICE DEPARTMENT

PLEASE TYPE OR PRINT CLEARLY

NAME OF BUSINESS: _____

NAME OF RESIDENT(S): _____

ALARM LOCATION:

Address _____ Apt. or Suite # _____
Stockton, CA _____ (209) _____
Zip Phone

MAILING ADDRESS: *(if different than alarm location)*

Name _____
Address _____ Apt. or Suite # _____
City _____ State _____ Zip _____ (Phone) _____

Emergency Call List – Someone **with a key** to the alarm location is required to respond to an activated alarm **within 20 minutes** (SMC 5-412). Access to the inside of the alarm location enables police officers to investigate the alarm and verify that your home or business is safe and secure for your return.

Name of Responders:	Phone:
_____	() _____
_____	() _____
_____	() _____

ALARM COMPANY: _____

Do you have a monitored alarm? Yes No

A MONITORED ALARM sends a signal to a monitoring station.

Name of Monitoring Station: _____

Monitoring Station 24-hour Phone No.: _____

- For inquiries regarding the Alarm Ordinance, visit our Web site at www.stocktongov.com or call (209) 937-8615.
- Please include your **\$52.00 permit fee** with this form, payable to City of Stockton. Please Note: **Preprinted checks or money orders only!**

X _____
Signature of Applicant

FOR OFFICE USE ONLY **NEW** **RENEWAL** **CHANGE**
RECEIVED _____ CAD _____ PERMIT NO. _____