

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	s must be legible.	INCOMPLETE	FORMS WILL	NOT BE PR	OCESSED.	Required Fields	s:
Permit Type:	Residential	Business	Government	School			
Business Name (If applicable):							_
Applicant Last Name:				First:		MI:	_
Drivers License #:			State:				
Date of Birth:	Month Day	Year					
Site Address Number:		Street:				Suite:	
Site City:				State:		Zip:	
Mailing Address #(if different):		Street:				Suite:	
Mailing City:				State:		Zip:	
Phone 1:	Area Code Num	<mark>ber</mark> -	_				
Phone 2:	Area Code Num	ber -					
Phone 3:	Area Code Num	ber -	-				
e-mail <i>(optional):</i>							
Alarm Company:							

NON-REFUNDABLE PERMIT F	EE

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

\$45 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 DEPART MENT OF THE COUNTY.

ADDITIONALLY, I ACCEPT RESPONSIBILIT Y FOR PAYMENT OF ALL FEES AND FINES T HAT 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 NOTIFICA TION TO THE SHERIFF'S DEPARTMENT OF ANY ALARM COMPANY CHANGES WITHIN 10 DAYS.

	APPLICANT'S SIGNATURE	DATE
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