APPLICATION FOR NEW ALARM PERMIT



Registration#
Office.use_only

The intention of the application is to provide citizens with the best possible service that requires a response by the Monterey County Sheriff's Patrol Personnel.

Fill in (type or print) the application COMPLETELY and check boxes where appropriate. Return the completed application to the Office of the Sheriff-Alarm Unit, 1414 Natividad Road, Salinas, CA 93906 - with the application fee of \$50.00 made out to MCSO- Alarm Unit.

NEW SUBS	CRIBER INFORMATION:	The information supplied	below is used by County Cor	nm/911 and Deputies responding to alarm calls.							
	Business Residence	Last	First	Middle Inilial							
Address of A	larmed Business/Residence(N	O P.O.Boxes):									
	ess (if different than above):										
Phone Numb	ers:										
Type(s) of bu	siness at this address:										
Nearest Cros	s Street:										
The house/bu	usiness numbers are posted:	On the Building	drive way entrance	Other							
Gate code/co	Gate code/combination and/or instructions:										
EMERGENCY CONTACTS: DO NOT LIST YOURSELF Are contacted ONLY if owner/resident is unavailable. List the names of (2) people living within 45 minutes of the alarmed location that will respond to the business/residence in case of an emergency. These "Responding Agents" shall have the authority to assume responsibility for the security of the business or residence if needed.											
1. Name											
			2. Name								
			2. Name								
			2. Name								
Phone (H)		Phone(W)	2. Name	Phone(W)							
*The 2nd co			Phone (H)	Phone(W) roving signature must be obtained from an alarm company							
*The 2nd co	ontact may be the alarm comp		Phone (H)								
*The 2nd co	ontact may be the alarm comp	any only IF no other pe	Phone (H) ersons are available. Appr								
*The 2nd co	ontact may be the alarm comp ive before they can be listed.	any only IF no other pe	Phone (H) ersons are available. Appr	roving signature must be obtained from an alarm company							
*The 2nd corepresentat	ontact may be the alarm compive before they can be listed. COMPANY INFORMATION:	any only IF no other pe	Phone (H) ersons are available. Appr	oving signature must be obtained from an alarm company ONITORING CO. if different than alarm co.							
*The 2nd corepresentate ALARM Contains the	ontact may be the alarm compive before they can be listed. COMPANY INFORMATION: PROTECT AMERICA	any only IF no other pe , INC SUITE B	Phone (H) ersons are available. Appr ALARM Me	ONITORING CO. if different than alarm co. CRITICOM MONITORING SERVICES							

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ALARM EQUIPMENT IN	NFORMATION	Į					
New Alarm Upgrad	led Alarm 🔲 E	xisting Alarm	1	INSTALLATION DATE:			
Name of Previous owner (If a	larm system aire	ady exists):					
		-tl-wing to	ens of clarm:	DI EVSE CHECK VI	DOVES TH	AT ADDI V	
		ollowing ty	pe or alarm:	PLEASE CHECK AL	L BOXES 1 H	Remote	
RESIDENTIAL: Silent	Audible	_		TYPE OF CONNECTION:		_	
COMMERCIAL: Burglar	Hold-Up	Silent	Audible	HOW IS ALARM RESET:	X Auto	Manually	
If the alarm system is l	ocated at a b	usiness o	part-time re	sidence, complete the f	ollowing:		
Full name of: Owner		manager	P 4.11	,,			
			Last	F	irst		Middle Initial
Permanent Mailing Address:	No.		Street		Clty/Are	98	Zip
Phone (Res.)				Phone (Bus.)			
						·	
	Applicable f	ees per N	onterey Co	unty Fee Schedule- s	ubject to ann	ual review	
		-	_	larm Activiation and			
	·		,				
Permit Fe	es Annual Perm			\$50.00			
	Late Permit I			\$100.00			
			to the annual ar	nount due if not paid by the due	date		
	tate permit, jees t	ne m aaamo	i to the annual an	nount due y not paid by the due	uuse		
False Alar	m Assessm	ents	_				
*	1st False Ala	rm		\$50.00 per h	oilling period		
	2nd False Al			\$100.00 per b			
	3rd False Ala			\$200.00 per l	• .		
	4th False Ala			\$300.00 per i	• .		
	5th False Ala	arm and O	ver	\$400.00 each	occurrence		
A 1 11/1	. –						
Additiona		/- To	: 4	64E0 00 to 61	ann nn		
	1st False Alarm w/o Permit			\$150.00 to \$300.00 \$150.00 each 24 hour period			
	Multiple activation Duress alarm violations			\$200.00 each event			
	Duress atam	ii violation	5	Ψ200.00 GaG	n event		
The undersigned acknowler	does that the She	eriff's Office i	eserves the righ	t to disconnect, order disconn	ection, or terminat	e normal response to	he alarm device
				ued cooperation of the alarm d			
				ing to disconnection or termina			
				unty of Monterey Alarm Ordina			
and/or assessment as pres	cribed in the ordi	inance itself.	The Monterey C	County Ordinances as they app	oly to alarms are a	vailable on the County	s web-site
at www.co.monterey.ca.us.							
There and ordered .	t- tt	d=lac= =6.44		!:ti			
I have read, understood, ar	no agree to the pr	OVISIONS Of the	ns alarm permit	application.			
Signed:							
Owner	Mar	nager	Resident				
						Date	

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