

**CITY OF NOVATO
ALARM PERMIT APPLICATION**

SUBSCRIBER INFORMATION

NAME _____
ADDRESS _____ SUITE/APT. # _____
CITY/STATE/ZIP _____ PHONE NUMBER _____

ALARMED LOCATION INFORMATION

TYPE: Residence _____ Business _____ Business Hours _____
NAME OF BUSINESS _____
ADDRESS _____ SUITE/APT. # _____
CITY/STATE/ZIP _____ PHONE NUMBER _____

ALARM COMPANY INFORMATION

TYPE ALARM: Burglary ☒ Panic ☒ Audible ☒ Silent ☒
NAME OF COMPANY PROTECT AMERICA, INC.
ADDRESS 5100 N. IH-35, SUITE B
CITY/STATE/ZIP ROUND ROCK, TX 78681 PHONE NUMBER 800-951-5111

EMERGENCY CONTACT INFORMATION

Name _____	() _____ Day phone	() _____ Night Phone
Name _____	() _____ Day Phone	() _____ Night Phone
Name _____	() _____ Day Phone	() _____ Night Phone

Signature _____ Date _____

Forward \$28.00 fee, made payable to City of Novato, together with application to:

**Novato Police Department
Crime Prevention Bureau
909 Machin Avenue
Novato, CA 94945**

Office Use Only

Permit Number _____ Date Issue _____