



CITY OF LEMON GROVE
 3232 Main Street
 Lemon Grove, CA 91945
 Phone: (619) 825-3800 Fax: (619) 825-3818
 www.lemongrove.ca.gov

ALARM SYSTEM PERMIT APPLICATION

Alarm Permit Fee: \$75.00

PLEASE PRINT

PART 1

APPLICANT'S NAME _____
 (Last) (First) (Middle)

MAILING ADDRESS _____
 (Number) (Street) (City) (Zip)

ADDRESS WHERE ALARM IS INSTALLED [] Residence [] Business

 (Number) (Street) (City) (Zip)

BUSINESS NAME (If Applicable) _____

PHONE _____ E-MAIL ADDRESS (Optional) _____

PART II

TYPE OF SIGNAL: [] SILENT [] AUDIBLE [] COMBINATION

ALARM COMPANY NAME _____

ADDRESS _____
 (Number) (Street) (City) (Zip)

LIST NAME AND PHONE NUMBERS OF TWO (2) PERSONS (OR LICENSED ALARM COMPANY) AUTHORIZED TO RESPOND TO ALARMS AND OPEN THE PROTECTED PREMISES AT ANY TIME:

1. _____ PHONE _____

2. _____ PHONE _____

I certify under penalty of perjury that the information I have given is true and correct to the best of my knowledge and belief. I understand and agree to having all required notices, unless otherwise specified, sent by U.S. mail to the address given on the application and to notify the City of Lemon Grove of any changes in the written information in the application within 10 days from the date such changes occur.

DATE _____ APPLICANT'S SIGNATURE _____

Check One: [] Cash [] Check [] Credit or Debit Card

If paying by credit or debit card, please call 619-825-3800 or visit City Hall at 3232 Main St.

FOR CITY USE ONLY RECEIPT # _____ CHECK# _____ DATE _____