



**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 _____

PHONE NUMBERS (____) _____, (____) _____

EMERGENCY CONTACT INFORMATION

1. _____	(____) _____	(____) _____
Name	Primary number	Secondary number
2. _____	(____) _____	(____) _____
Name	Primary number	Secondary number
3. _____	(____) _____	(____) _____
Name	Primary number	Secondary number
4. _____	(____) _____	(____) _____
Name	Primary number	Secondary number

Signature _____ Date _____

If your alarm system has two or more false alarms within a consecutive 365-day period you will be subject to fines and/or revocation of your permit per Novato Municipal Code 14-18.180

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 _____