



CITY OF VACAVILLE, CA
 P.O. BOX 141866, Irving, TX 75014, Phone: 1-888-509-9165
ALARM PERMIT APPLICATION

Please type or print in
BLOCK CAPITAL LETTERS
 clearly inside the box.
(Please print)

Type of Alarm: Residential Business Govt. Entity Burglary Robbery/Panic

Name of Registration Holder: [Grid]

Business Name: [Grid]

Name of responsible party: [Grid]

Alarm Location:
 (Include Building/Apt #)
 (Include Suite or Unit #)

City: [Grid] State: [Grid] Zip: [Grid]

Billing Address:
 (if different)

City: [Grid] State: [Grid] Zip: [Grid]

Email Address: [Grid]

Home Phone: [Grid] [Grid] [Grid] Cell Phone: [Grid] [Grid] [Grid]

Office Phone: [Grid] [Grid] [Grid]

EMERGENCY CONTACTS

Name: [Grid]

Phone #1: [Grid] [Grid] [Grid] Phone #2: [Grid] [Grid] [Grid]

Name: [Grid]

Phone #1: [Grid] [Grid] [Grid] Phone #2: [Grid] [Grid] [Grid]

SPECIAL CONDITIONS

In order to ensure the safety of our officers, the public and to enable the Vacaville Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, hazardous substances, etc.)

Comment: [Grid]

ALARM INSTALLATION DETAILS

Alarm Installation Date: [Grid] / [Grid] / [Grid] Phone #: [Grid] [Grid] [Grid]

Alarm Installation Company: [Grid]

Address: [Grid]

Monitoring Company:
 (if different)

Address: [Grid]

Phone #: [Grid] [Grid] [Grid]

PLEASE READ THE FOLLOWING AND SIGN:

This is to certify that as the applying principal, my immediate family, tenants, or employees who have access to the protected premises have been given training which includes procedures and practices to follow in the event that the alarm system is accidentally activated, I also acknowledge that the installation company left me a set of written instructions for the alarm system, including written guidelines on how to avoid false alarms. The Police response may be influenced by factors including, but not limited to, the availability of officers, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner) _____ Date: [Grid] / [Grid] / [Grid]

In accordance with the City of Vacaville, CA Ordinance No. 1729, if you have an active alarm system in the City of Vacaville, California, it must be registered with the City of Vacaville separately. The fee for an alarm registration/renewal and false alarms is set forth below and shall be paid by the alarm user.

Registration & Renewal Fees:
 a) \$26.00 for Residential
 b) \$26.00 for Commercial

False Alarm Fines:
Burglary/Robbery/Holdup – Fine Schedule
 1st false alarm and above : \$88.00 each

For Customer Service Call: 1-888-509-9165
Mail this form and payment to:
 City of Vacaville False Alarm Reduction Program
 P.O. BOX 141866, IRVING, TX 75014