Burbank Police Department Attn: Alarm Office 200 North Third Street Burbank, CA 91502-1201

Permit No.	

Residential

Changes to information must be submitted in writing within 10 days of change.

## ALARM SYSTEM PERMIT APPLICATION

Commercial

\$75.00 I	Permi	t F	ee
*Please	print	or	type

Name of Business or Resident	Phone ( )	
Address	Zip Code	
Manager or Contact Person		
Email address	Fax()	
Mailing Address (If different than above)		
Does your business/residence have surveillance/security camera(s)?		
Type of Alarm: Residential D Burglary D Panic	Commercial □ Burglary □ Robbery	
Alarm Company	Phone ( )	
Alarm Company Address		
	Cell/Pager ( )	
Emergency Notification No. 1	Home Phone ( )	
	Cell/Pager ( )	
Emergency Notification No. 2	Home Phone ( )	
	Cell/Pager ( )	
Emergency Notification No. 3	Home Phone ( )	
Pets in household: No ☐ Yes ☐ How many ☐ Small ☐ Med	ium □ Large □ <u>Breed</u>	
Applicant's Signature:	Date:	
Comments:		
Please return to the Police Department.	FOR OFFICE USE ONLY  Amount	
For additional information call (818) 238-3226	Check No.	
	Date	