



**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 \_\_\_\_\_

**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 \_\_\_\_\_