

**CITY OF NOVATO
ALARM PERMIT APPLICATION**

SUBSCRIBER INFORMATION

NAME _____
ADDRESS _____ SUITE/APT. # _____
CITY/STATE/ZIP _____ PHONE # _____

ALARMED LOCATION INFORMATION

TYPE: Residence _____ Business _____ Business Hours _____
NAME OF BUSINESS _____
ADDRESS _____ SUITE/APT. # _____
CITY/STATE/ZIP _____ PHONE # _____

ALARM COMPANY INFORMATION

TYPE ALARM: Burglary _____ Panic _____ Audible _____ Silent _____
NAME OF BUSINESS _____
ADDRESS _____ SUITE/APT. # _____
CITY/STATE/ZIP _____ PHONE # _____

EMERGENCY CONTACT INFORMATION

Name	(Area Code)Day Phone	(Area Code) Night Phone
Name	(Area Code)Day Phone	(Area Code) Night Phone
Name	(Area Code)Day Phone	(Area Code) Night Phone

Signature _____ Date _____

**Please forward \$28 fee, payable to the City of Novato, with this application to:
Novato Police Department - Crime Prevention Bureau
909 Machin Avenue, Novato, CA 94945**

Office Use Only

Permit Number _____ Date Issued _____