

CITY OF ANTIOCH  
**ALARM PERMIT APPLICATION**

(MAIL WITH \$30 FEE TO: CITY OF ANTIOCH, ATTN: FINANCE DEPT, P.O. Box 5007, ANTIOCH, CA 94531-5007)

**ALARM LOCATION INFORMATION**

Resident/Business Name:	
Alarm Address:	
Premise Phone:	

**ALARM COMPANY INFORMATION**

Alarm Company Name:	
Alarm Company Address:	
Alarm Company Phone:	

**APPLICANT INFORMATION (if different than above)**

Applicant Name:	
Applicant Mailing Address:	
Applicant Phone(s):	

**EMERGENCY RESPONSE CONTACTS:** *Note: List at least 2 emergency contacts capable of responding within 30 minutes to the alarm location, if requested. You may include yourself with a cell phone number.*

NAME	ADDRESS/CITY	PHONE
1.		
2.		
3.		

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY (Alarm Use Permit – Account Code: 100-3110-46315)</b>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>FINANCE DEPARTMENT</b></td> </tr> <tr> <td style="padding: 2px;">Paid with Invoice <input type="checkbox"/></td> <td style="padding: 2px;">Paid w/o Invoice <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>Bi-Tech receipt # / Incode receipt #</b> _____</td> </tr> <tr> <td style="padding: 2px;">By: _____</td> <td style="padding: 2px;">Date: _____</td> </tr> </table>	<b>FINANCE DEPARTMENT</b>		Paid with Invoice <input type="checkbox"/>	Paid w/o Invoice <input type="checkbox"/>	<b>Bi-Tech receipt # / Incode receipt #</b> _____		By: _____	Date: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>POLICE DEPARTMENT</b></td> </tr> <tr> <td style="padding: 2px;">Application Approved <input type="checkbox"/></td> <td style="padding: 2px;">Denied <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">By: _____</td> <td style="padding: 2px;">Date: _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>*ALARM PERMIT #:</b> _____</td> </tr> </table>	<b>POLICE DEPARTMENT</b>		Application Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	By: _____	Date: _____	<b>*ALARM PERMIT #:</b> _____	
<b>FINANCE DEPARTMENT</b>																	
Paid with Invoice <input type="checkbox"/>	Paid w/o Invoice <input type="checkbox"/>																
<b>Bi-Tech receipt # / Incode receipt #</b> _____																	
By: _____	Date: _____																
<b>POLICE DEPARTMENT</b>																	
Application Approved <input type="checkbox"/>	Denied <input type="checkbox"/>																
By: _____	Date: _____																
<b>*ALARM PERMIT #:</b> _____																	