



**SANTA ANA POLICE DEPARTMENT**  
**ALARM PERMIT APPLICATION** (Rev. 08/08)

**Paul M. Walters**  
 Chief of Police

Please check one:  Commercial  Residential  Exempt (Gov't Agencies Only)

**APPLICANT INFORMATION**

Applicant (Business or Resident Name)	Alarm Installation Date	Date Moved In
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**SERVICE ADDRESS (ALARM LOCATION)**

Street Address	Unit/Apt/Suite	Zip Code
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**CONTACT INFORMATION**

Daytime Phone	Phone # of Service Address	E-mail Address (faster correspondence)
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**BILLING INFORMATION** (If different from Service Address)

Address (Street, Suite# )	Billing Name
City, State, Zip Code	Attention to

**EMERGENCY CONTACT INFORMATION (Please Print)**

Name & Phone #
Name & Phone #

**ALARM COMPANY INFORMATION**

Company Name	State License No.
Address	Phone Number

**APPLICANT (PRINT NAME)** **APPLICANT SIGNATURE**

- Low Voltage permit required on all alarm systems. For new installations, please call Police Crime Prevention, 714-647-5840.
- Permits are not transferable to another alarm user or alarm site.
- Permits are issued for a one-year period and the application fee will not be pro-rated based on the date of application or if company/resident is moving out before time expires.
- Police may not be dispatched to a location more than once if a permit hasn't been filed and paid. A permit invoice and notice shall be sent to the alarm user after the first alarm activation.
- Whenever any change occurs in the information contained in the application, the alarm user shall give the alarm coordinator WRITTEN notice of the change within 5 working days of the date that the change becomes effective (This includes moving out of the location or disconnection of the alarm system.)
- Failure to pay false alarm fines may result in automatic non-response status.

**FOR QUESTIONS, PLEASE CONTACT THE ALARM COORDINATOR BY E-MAIL OR PHONE**  
**[AlarmCoordinator@ci.santa-ana.ca.us](mailto:AlarmCoordinator@ci.santa-ana.ca.us) OR 714-245-8716**

**\$30 Annual Permit Fee**  
 due now with permit application.  
 Renewal invoice will be mailed annually.

Please return application and check to:  
**City of Santa Ana**  
**20 Civic Center Plaza M-87**  
**Santa Ana, CA 92702**  
**Att: Finance Department**  
 \*Please make check out to City of Santa Ana\*

**FOR OFFICE USE ONLY**

ALARM COORDINATOR	FINANCE DEPARTMENT	POLICE PLAN CHECK/BUILDING
Permit # :	AP Invoice # :	Low Voltage Permit <input type="checkbox"/>
Entry Date:	Customer # :	Inspection Date :
Initials:	Initials:	Initials: