

CITY OF ANTIOCH
ALARM PERMIT APPLICATION

(MAIL WITH **\$39** 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:** _____

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