

**SUISUN CITY POLICE DEPARTMENT
ALARM PERMIT APPLICATION**



Tim Mattos
Chief of Police

PLEASE PRINT AND COMPLETE ALL BOXES

LOCATION TYPE: Business Residential

ALARM TYPE	
<input type="checkbox"/> Burglary	<input type="checkbox"/> Robbery
<input type="checkbox"/> Fire	
APPLICANT INFORMATION (Please Print) ONE NAME ONLY	
APPLICANT (BUSINESS OR RESIDENT NAME)	TELEPHONE NUMBER
SERVICE ADDRESS (ALARM LOCATION) (Please Print)	
STREET ADDRESS	UNIT#, APT#, SUITE#
CONTACT INFORMATION (Please Print)	
TELEPHONE NUMBER OF SERVICE ADDRESS	E-MAIL ADDRESS (FASTER CORRESPONDENCE)
BILLING INFORMATION (If different from Service Address) (Please Print)	
BILLING ADDRESS (STREET, SUITE#)	BILLING NAME
CITY, STATE, ZIP CODE	ATTENTION TO
ALARM COMPANY INFORMATION (Please Print)	
COMPANY NAME	TELEPHONE NUMBER OF MONITORING AGENCY
EMERGENCY CONTACT INFORMATION (Please Print)	
NAME	TELEPHONE NUMBER
NAME	TELEPHONE NUMBER
NAME	TELEPHONE NUMBER
ALERTS	
<input type="checkbox"/> I have dogs	<input type="checkbox"/> I have weapons
ACKNOWLEDGEMENT	
I understand that failure to comply with the City of Suisun City Alarms Ordinance constitutes an infraction and may cause a fine, revocation of the Alarm User Permit, and possible discontinuance of police/fire response to an alarm site.	
APPLICANT SIGNATURE	
For questions, please contact the Alarm Coordinator via phone or e-mail at (707) 421-6680 or jpitts@suisun.com	
<div style="background-color: yellow; padding: 5px; display: inline-block;">\$36 PERMIT FEE</div> Due with permit application.	<div style="background-color: yellow; padding: 5px; display: inline-block;">Return application and \$36 Permit Fee to:</div> Suisun City Police Department 701 Civic Center Boulevard Suisun City, CA 94585 Attn: Alarm Permit Processing *Make check payable to <u>Suisun City Police Department</u> *