



SUISUN CITY POLICE DEPARTMENT ALARM PERMIT APPLICATION

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) <i>This is the person paying the bill</i>		
BILLING NAME	BILLING ADDRESS (STREET, SUITE#)	
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		
\$36 PERMIT FEE Due with permit application.	Return application and \$36 Permit Fee to: 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> *	