

NEW ALARM PERMIT APPLICATION

1414 Natividad Road, Salinas CA 93906 • (831) 755-3700 • www.montereysheriff.org

OFFICE USE ONLY REGISTRATION NUMBER

ABOUT	тые	
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The intention of the application is to provide citizens with the best possible service that requires a response by the Monterey County Sheriff's Patrol Personnel. Fill in the application COMPLETELY and check boxes where appropriate. **PANIC ALARMS PROHIBITED.** Return the completed application to the Office of the Sheriff – Alarm Unit, 1414 Natividad Road, Salinas, CA 93906 - with the application fee of \$52.00 made out to MCSO – Alarm Unit.

NEW SUBSCRIBER INF	ORMATION (The information	ation supplied below is used by County (Comm/911 and Deputies respor	nding to alarm calls.)				
□ NAME OF BUSINESS	LAST	FIRST						
□ NAME OF RESIDENCE								
(CHECK ONE) ADDRESS OF ALARM BUSINESS/RES	IDENCE (NO B O POVES)	CITY	STATE	ZIP				
ADDRESS OF ALARW BOSINESS/RES	IDLINGE (NO P.O. BOXES)	CITT	SIAIL	ZIF				
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)		CITY	STATE	ZIP				
PHONE NUMBERS		E-MAIL ADDRESS	E-MAIL ADDRESS					
TYPES OF BUSINESS AT THIS ADDRE	ESS	NEAREST CROSS STREET	NEAREST CROSS STREET					
THE HOUSE/BUSINESS NUMBERS AR	RE POSTED □ DRIVE WAY ENT	RANCE □ OTHER						
GATE CODE/COMBINATION AND/OR I	INSTRUCTIONS							
EMERGENCY CONTACT	S							
Do not list yourself or alarm compan	v. They are contacted ONLY if o	owner/resident is unavailable. List the na	ames of two (2) people living wit	hin 45 minutes of the				
		of an emergency. These "Responding A						
responsibility for the security of the b		gg	·g-····					
1. NAME		2. NAME	2. NAME					
HOME PHONE	OME PHONE WORK PHONE		WORK PHONE	WORK PHONE				
	l .	l .						
ALARM COMPANY INFORMATION		ALARM MONIT	ALARM MONITORING CO. (If different than alarm co.)					
NAME		NAME	NAME					
ADDRESS		ADDRESS	ADDRESS					
PHONE		PHONE	PHONE					

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ALARM EQUIPMENT INFORMATION (PAI	NIC ALARMS F	ROHIBITED)	INSTALL	ATION DATE			
	□ EXISTING ALARM		IIVOTALLI	THOR BATE			
NAME OF PREVIOUS OWNER (IF ALARM SYSTEM ALREADY EXISTS)							
THE LOCATION IS EQUIPPED WITH THE FOLLOWING TYPE OF A	LARM (PLEASE CHE	CK ALL BOXES THA	T APPLY)				
RESIDENTIAL:	□ SILENT	□ AUDIBLE		F CONNECTION: ALARM RESET:	□ LOCAL □ AUTO	□ REMOTE □ MANUALLY	
IF THE ALARM SYSTEM IS LOCATED AT A BUSINESS OR PART-T	IME RESIDENCE, O	COMPLETE THE I	FOLLOWIN	G			
FULL NAME OF: OWNER LANDLORD MANAGER	LAST			FIRST		MI	
PERMANENT MAILING ADDRESS		CITY			STATE	ZIP	
RESIDENCE PHONE		BUSINESS PHC	NE				
Applicable fees per Monte * Billing period begins from the * Annual Renewal Late Permit Fee * Late permit fees are in addition * Alse Alarm * Alse Alarm * Billing period begins from the * Alse Alarm * Billing period begins from the * Annual Renewal Late Permit Fee * Late permit fees are in addition * Alse Alarm * Alse Alarm * Alse Alarm * Alse Alarm * Billing period begins from the * Alse Alarm * Alse Alarm * Alse Alarm * Billing period begins from the * Alse Alarm * Alse Alarm * Alse Alarm * Billing period begins from the * Alse Alarm * Alse Al	\$52.00 \$31.00 \$103.00 to the annual due ij \$88.00 \$175.00 \$278.00 \$381.00 \$484.00	n Activation and	d ends 60 lue date od riod riod riod				
The undersigned acknowledges that the Sheriff's Office reserves the right to disconnect, order disconnection, or terminate normal response to the alarm device when, in the opinion of appropriate authority in the Sheriff's Office, continued cooperation of the alarm device would constitute a detriment to the public health, safety and welfare. The undersigned is responsible for any changes relating to disconnection or termination of that alarm device by the Sheriff's Office. It is expressly understood by the undersigned that any violation of the County of Monterey Alarm Ordinance may result in a suspension or revocation of this permit and/or assessment as prescribed in the ordinance itself. The Monterey County ordinances as they apply to alarms are available on the County's website at www.co.monterey.ca.us . I have read, understood, and agree to the provisions of this alarm permit application.							
Signatur	re			Date			
□ OWNER □ MANAGER □ RESIDENT							

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