

# City of Barstow

220 E. Mt. View, Suite A  
Barstow CA 92311

760-256-3531 Fax 760-256-1750

# ALARM PERMIT

DATE \_\_\_\_\_

## COMMERCIAL APPLICATION

<b>NAME OF BUSINESS:</b>		<b>ALARM COMPANY SERVICING ALARM:</b>	
Name:		Name:	
Address:	Bldg. / Ste. #	Address:	
Mailing Address:		Mailing Address:	
City/State/Zip:		City/ State/ Zip:	
Telephone:		Telephone:	
Fax:		Fax:	

### IF RENTING OR LEASING PLEASE COMPLETE

<b>Property Owner</b>			
Name:		Mailing:	
Address:		City:	
State:		Zip:	
Telephone:		Fax:	

### TYPE OF ALARM:

<b>ROBBERY (211)</b>	<b>BURGLARY (459)</b>	<b>Alarm Sounds:</b>	<b>Alarm Company</b>	<b>Business</b>
Yes No	Yes No	Yes No	Yes No	Yes No

### BUSINESS HOURS:

	<b>SUN.</b>	<b>MON.</b>	<b>TUES.</b>	<b>WED.</b>	<b>THURS.</b>	<b>FRI.</b>	<b>SAT.</b>
Business Opens:							
Business Closes:							
Employees Arrives:							
Employees Depart:							

### EMERGENCY NOTIFICATION

Three persons are required who are capable of responding promptly

<b>NAME</b>	<b>PHONE NUMBER</b>
1	
2	
3	

EMERGENCY NOTIFICATION CHANGES: 760-256-3531 EXT. 3200

RETURN COMPLETED FORM TO THE CITY OF BARSTOW AT THE ABOVE NOTED ADDRESS

APPLICANT'S SIGNATURE

**FEE \$25.00 ( One time initial fee )**

<b>For Office Use Only:</b>		
Business License #	Utility Account #	Alarm Company Business License #

Police Dept. : White Copy  
Customer's : Yellow Copy