

**City of Barstow**  
**220 E. Mt View**  
**Suite A**  
**Barstow, Ca 92311**

# Alarm Permit

Date \_\_\_\_\_

## Residential Application

RESIDENT		ALARM COMPANY SERVICING ALARM	
Name:		Name:	
Address:		Address:	
Mailing Address:		Mailing Address:	
City/State/Zip:		City/State/Zip:	
Telephone:		Telephone:	
Fax:		Fax:	

IF RENTING OR LEASING PLEASE COMPLETE

**Property Owner**

Name:		Mailing	
Address:		City:	
State:		Zip:	
Telephone:		Fax:	

### TYPE OF ALARM

ROBBERY (211)	BURGLARY (459)	Alarm Sounds:	Alarm Company	Residence
Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

### EMERGENCY NOTIFICATION

Three persons are required who are capable of responding promptly

NAME	PHONE NUMBER
1	
2	
3	

EMERGENCY NOTIFICATION CHANGES: 760-256-3531  
 RETURN COMPLETED FORM TO THE CITY OF BARSTOW

X	APPLICANT'S SIGNATURE
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**\$25.00 ( one time initial fee)**

DISABILITY EXEMPTION \_\_\_\_\_ Verified by: \_\_\_\_\_

For Office Use Only:

Alarm Company Business License # \_\_\_\_\_