



CITY OF FULLERTON

ADMINISTRATIVE SERVICES DEPARTMENT
ALARM COORDINATOR
303 W. COMMONWEALTH AVE.
FULLERTON, CA 92832-1775

Alarm Coordinator (714) 738-6529
Email: AlarmCoordinator@CityofFullerton.com
Fax (714) 738-3169

BURGLAR ALARM SYSTEM PERMIT APPLICATION

PLEASE TYPE or PRINT and COMPLETE ALL INFORMATION

COMMERCIAL

BUSINESS NAME: _____

SITE ADDRESS: _____
Street Apt/Unit City State Zip

BUSINESS OWNER: _____ **SQUARE FOOTAGE:** _____

MAILING ADDRESS: _____
Street Apt/Unit City State Zip

MAIN PHONE: _____ **AFTER HRS PHONE:** _____

EMAIL ADDRESS: _____ **BUSINESS HOURS:** _____

CONTACT PERSON(S) IN CASE OF AN EMERGENCY

EMERGENCY ALTERNATE #1 _____

MAIN PHONE: _____ **ALT. PHONE 2:** _____

JOB TITLE/RELATIONSHIP: _____ **ALT. PHONE 3:** _____

EMERGENCY ALTERNATE #2 _____

MAIN PHONE: _____ **ALT. PHONE 2:** _____

JOB TITLE/RELATIONSHIP: _____ **ALT. PHONE 3:** _____

TYPE OF ALARM: AUDIBLE SILENT

ALARM INSTALLER (OPT): _____ **PHONE:** _____

CONTRACTED MONITORING CO: _____ **PHONE:** _____

Please sign below and mail application with your payment to the address above.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ **FEES PAID: \$** _____ **CASH / CHECK / CHARGE**

RECEIVED BY: _____ **PERMIT #:** _____ **EXPIRATION MONTH:** _____

CUSTOMER ACCOUNT # AB _____