



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

RESIDENTIAL

PERMITEE'S NAME: _____

SITE ADDRESS: _____
Street Apt/Unit City State Zip

MAILING ADDRESS: _____
Street Apt/Unit City State Zip

PRIMARY PHONE: _____ ALT. PHONE: _____

EMAIL ADDRESS: _____

CONTACT PERSON(S) IN CASE OF AN EMERGENCY

EMERGENCY ALT #1 _____

MAIN PHONE: _____ ALT. PHONE 2: _____

RELATIONSHIP: _____ ALT. PHONE 3: _____

EMERGENCY ALT #2 _____

MAIN PHONE: _____ ALT. PHONE 2: _____

RELATIONSHIP: _____ ALT. PHONE 3: _____

TYPE OF ALARM: AUDIBLE SILENT

ALARM MONITORING CO: _____ PHONE: _____

ALARM COMPANY: _____ 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 _____