

**CITY OF ANAHEIM
ANAHEIM POLICE DEPARTMENT
APPLICATION: BURGLARY/ROBBERY ALARM PERMIT**

Date: _____

Address where alarm was installed (Unit/Suite/Area) _____

Mailing address (if different from above) _____

Your name (Tenant/Owner) _____

Telephone: res. _____ bus. _____

Type of Alarm: Silent Audible Direct Telephone Dialer Other _____

Installed in: Residence Office Retail/Wholesale Business Other _____

Name of business _____

Company installing Alarm: _____

Address: _____ phone _____

Date when system was installed: _____

Does alarm activation notify an alarm service? If so,

Alarm Service: _____

Address: _____ phone _____

Does alarm system receive maintenance service? If so,

Service Company: _____

Address: _____ phone _____

(OVER)

LIST 3 INDIVIDUALS WHO CAN RESPOND IF THE ALARM IS ACTIVATED.

(A 30 minute or less response time is requested for at least one of those listed — please indicate.)

1. Name: _____ address: _____ phone: _____

2. Name: _____ address: _____ phone: _____

3. Name: _____ address: _____ phone: _____

Will there be a Security Officer on the premises? yes no If so, will they possess a weapon? yes no

Are guard dogs on the premises? yes no

This alarm is new existing

OFFICIAL USE ONLY

City business license issued # _____

Date forwarded to APD _____

Date filed APD _____