

Department of Public Safety
700 All America Way
Sunnyvale, CA 94086-7642
(408) 730-7117
(408) 730-7501 (TDD)



New Renewal

Business \$70 Residence \$35
 (Includes Church, School, Government)

SECURITY ALARM PERMIT APPLICATION

Resident Applicant: Resident Name

Business Phone Home Phone

Cell Phone E-mail

Business Applicant: Business Name Business Phone

E-mail

Business Contact Name Business Contact Bus. Phone

Bus Contact Home Phone Bus Contact Cell Phone

******ALL APPLICANTS: Please complete the rest of the form******

Location: Include Street #, Street Name, Building/Suite/Apt and Zip Code for each address in Sunnyvale covered by the system

Mailing Address	Street #	Street Name	Apt/Suite	City	State	Zip Code
<input type="text"/>						

Additional Contacts (other persons who can be contacted in case of alarm) :

Name	Address, City, State, Zip	Business Phone & Ext	Home Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Security Alarm Information: Yes No Unknown
 Does Alarm Reset Automatically? If Yes, after how long? Security Alarm Type Audible Silent

Alarm Co Name Alarm Co Phone

Alarm Co Addr

Remote Monitoring Location Remote Monitoring Phone

Information to assist officers responding to your alarm (pets, guard dogs, explosives, hazardous materials, etc...)

I hereby agree to comply with the provisions set forth in Sunnyvale Municipal Code Chapter 9.90 (Alarm Users Permit).

Authorized Signature _____ Date _____

Please mail the completed application with a check made payable to:

Sunnyvale Dept. of Public Safety
Attn: Alarm Permits
P.O. Box 3707
Sunnyvale, CA 94088-3707

-----for internal use-----

Fee	Fee	Cash	<input type="checkbox"/>
Rcv'd	Rcv'd	Check	<input type="checkbox"/>
Date	Amount	Credit	<input type="checkbox"/>

Alarm Registration #