	City of Glendale Alarm Program P.O. Box 740987, Los Angeles, CA 90074-0987, Phone No. (888) 250-5614 ALARM PERMIT APPLICATION														614	Please type or print in BLOCK CAPITAL LETTERS clearly inside the box. (Please print)											
Type of Alarm:		Res	iden	tial		Busir	ness	6	-							_					Do	og(s)	on I	Prem	ises		
Name of Registration Holder:																											
Business Name:																											
Name of responsible party:																											
Alarm Location: (Include Building/Apt #) (Include Suite or Unit #) City:																	Sta	ate:			Zip:						
Billing Address:																								┢	╞╡	_	\dashv
(if different)										_												Ц		\square	⊢	_	
City:																	Sta	ate:				Zip:					
Enroll to Go Paperless:		(If enro	olled, y	/ou op	ot for e	mail n	otifica	ations a	and yo	u will	no lon	ger rec	ceive r	notifica	ations	by US	PS. If	not er	nrolled	, you	agree	to rece	eive n	otificat	ions b	y USF	°S.)
Email Address: (If enrolled to Go Paperless,																											
valid email address is mandatory.) Home Phone:														Cell Phone:													
Office Phone:																											
EMERGENCY CONTACTS					_	_	_	_		_	_												_				_
Name:																											
Phone #1:														Phone #2:][
Name:																											
Phone #1:				$ \Gamma$	Т	Τ								Phone #2:						Γ	Т	Т	וך		Т		
SPECIAL CONDITIONS In order to ensure the safety of our officers, the public and to enable the Glendale Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, hazardous substances, etc.)																											
Comment:								Γ														Γ		Γ			\square
ALARM INSTALLATION DET	AILS	3		_	_	-				_	•											<u> </u>		<u> </u>			
Alarm Installation Date:			/			/								Р	hone	e #:											
Alarm Installation Company:																											
Address:																											
Monitoring Company: (if different)																											
Address:																											
Phone #:					Τ	Τ																					
PLEASE READ THE FOLLOWING AN	D SIG	SN:					-																				

This is to certify that as the applying principal, my immediate family, tenants, or employees who have access to the protected premises have been given training which includes procedures and practices to follow in the event that the alarm system is accidentally activated, I also acknowledge that the installation company left me a set of written instructions for the alarm system, including written guidelines on how to avoid false alarms. The Police response may be influenced by factors including, but not limited to, the availability of officers, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner)

In accordance with the City of Glendale, CA Code of Ordinances Chapter 8.12, if you have an active alarm system in the City of Glendale, it must be registered with the City for an annual fee of \$114.00 for Residential and \$170.00 for Commercial. For Registered Location 1st False Alarm: No fine, 2nd False Alarm: \$122.00, 3rd False Alarm: \$250.00 and 4th False Alarm and above: \$338.00 each. For Unregistered Location: 1st False Alarm: \$338.00, 2nd False Alarm : \$447.00, 3rd False Alarm and above: \$560.00 each.

> For Customer Service Call: 1-888-250-5614 Mail this form and payment to: City of Glendale Alarm Program P.O. Box 740987, Los Angeles, CA 90074-0987

Date:

Annual Registration/Renewal fee: \$114.00 for Residential

Annual Registration/Renewal fee: \$170.00 for Commercial