CITY OF CHULA VISTA	Alarm Registration/Permit Application  Initial Registration/Renewal Fees: Residential \$28.75 Commercial \$28.75 Exempt: No Fee  IDENTIAL COMMERCIAL PUBLIC SCHOOL (Exempt) GOVERNMENT-Municipal, State, Federal (Exempt)																										
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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: (if different)																											
City:																	Sta	ate:			;	Zip:					
nroll to Go Paperless: (If enrolled, you opt for email notifications and you will no longer receive notifications by USPS. If not enrolled, you agree to receive notifications by USPS.)															SPS.)												
Email Address: (If enrolled to Go Paperless,	П																										
valid email address is mandatory.) Home Phone:	Г			ΪŢ	T	<u>-</u>	<u> </u>							Cell Phone:													
Office Phone:				İΓ	Ť	Ť	Ħ					ĺ															
EMERGENCY CONTACTS																											
Name:																											
Phone #1:														Pho	ne #	2:							][				
Name:																											
Phone #1:														Pho	ne #	2:							][				
SPECIAL CONDITIONS In order to ensure the safety of our officers and the public and to enable the City of Chula Vista Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, hazardous substances, etc.)																											
Comment:	Г																						Г	Г	П		
ALARM INSTALLATION DET	AILS	5			_													_			_	_					
Alarm Installation Date:			]/[			/								Р	hone	e #:					T	T					
Alarm Installation Company:																											
Address:	$\overline{}$																								$\Box$		
Monitoring Company: (if different)																											
Address:																											
Phone #:				Π	T	T																					
PLEASE READ THE FOLLOW This is to certify that as the applyi which includes procedures and pr me a set of written instructions for including, but not limited to, the av Signature: (Owner)	ng pr actice the a	incipa es to alarm	al, m follo	y imr w in tem,	nedia the e	vent iding	that t	the a en gu	larm ıidelir	systenes o	m is	accio w to a	denta avoid	ally a	ctiva e ala	ted, I rms. · s and	also The F	ackr Police fing	nowle e res	dge pons	that t	he ir	nstalla	ation	com	pany	left
In accordance with the <i>City of Ch</i>	ula V	ista /	Mun	icipa	I Co	de C	hapte	er 9.0	)6, Se	ecuri	ty Al	arms	,, if y	ou h	ave a	- ın ala	ırm sı	<b>∟</b> yster	n in tl	<b>–</b> ′ ne cit	y lim	its, it	<b>_</b> _ ′ : mus	t be r	egist	ered	with
the City within 30 days of this notice																											

refund of a registration fee or renewal fee will be made. First false alarm is \$100.00, subject to waiver if the alarm user completes the online school within 30 days of

For Customer Service Call: 1-877-503-6727

Mail this form and payment to:
City of Chula Vista - Alarm Program
P.O Box 142588, Irving, TX 75014

the invoice date. The second false alarm is \$200.00; third false alarm or more is \$500.00 each.