



# CITY OF SANTA MARIA ALARM PERMIT

Please type or print in **BLOCK CAPITAL LETTERS** clearly inside the box.

AMOUNT DUE: \$15.00

DATE PAID

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AMOUNT PAID

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RESIDENT/BUSINESS NAME

ADDRESS

ZIP

PHONE

ALARM COMPANY

PHONE

ALARM TYPE:

☐ SILENT

☐ AUDIBLE

☐ BOTH

☐ BURGLARY

☐ ROBBERY

☐ HOLDUP

☐ FIRE

☐ PANIC

☐ MEDICAL

DIRECT TO ALARM COMPANY?

☐ YES ☐ NO

EMERGENCY CONTACTS: (MUST HAVE ABILITY TO SECURE ALARM/PREMISES)

#1 NAME

TELEPHONE NUMBER

#2 NAME

TELEPHONE NUMBER

#3 NAME

TELEPHONE NUMBER

## ALARM ORDINANCE RULES – SMMC 5-2

1. All stationary security, fire, or similar alarms in the City of Santa Maria must have a permit for that alarm.
2. Any changed in names, addresses, or phone numbers on this permit must be provided to the Police Department without unnecessary delay.
3. Continued use of an alarm or alarm system after suspension or revocation of the permit, or use of an alarm without a permit after a warning to obtain one is a misdemeanor.
4. Permit suspensions or revocation may result from any of the following conditions:
  - a) Intentional Misuse of an Alarm: 1st Offense – Warning. 2nd Offense in a one year period – Revocation
  - b) False Alarms Resulting from Operational Error or Equipment Malfunction: Four (4) False Alarms in a twelve (12) month period – Revocation
5. No Penalty: Legitimate alarm annunciation or annunciation caused by conditions beyond operational or equipment control. (To be determined by the Chief of Police.)
6. A suspended or revoked permit may be reactivated if the condition causing the suspension or revocation, in the opinion of the Chief of Police, has been corrected.
7. Any alarm system not serviced by an alarm company shall be subject to the following:
  - a) Any audible alarm that can't be silenced within a 30-minute time period will be shut off by the Police Department's vendor company at the alarm user's expense.
  - b) All alarms in this category shall show upon the permit the names, addresses and phone numbers of persons who have premises access and alarm control capability.

MAIL TO:

CITY OF SANTA MARIA  
P.O. Box 140548  
Irving, TX 75014-0548

Received by: \_\_\_\_\_