

Lake County Sheriff's Office Alarm Permit Application

Permit No. _____

**** ALL SHADED AREAS INCLUDING PAGE 2 OF THIS FORM MUST BE COMPLETED ****

Alarm Location:

Business or Resident Name: _____

Address: _____ Suite/Apt: _____

City: _____ Zip: _____

Premises Phone: _____

Business Type: _____ Business Hours: _____

Contacts: List contacts in the order to be called (Contacts are other persons that we can contact in case of an emergency or alarm activation, that are not the business or residential owners, i.e. friend, child, sibling, parent, neighbor, etc.)

Name: _____ Connection: _____

Address: _____ City: _____

Phone: _____ Will Respond: Y / N Have Key: Y / N

Optional Contacts: Contacts are other persons that we can contact in case of an emergency or alarm activation, that are not the business or residential owners, i.e. friend, child, sibling, parent, neighbor, etc.

Name: _____ Connection: _____

Address: _____ City: _____

Phone: _____ Will Respond: Y / N Have Key: Y / N

Name: _____ Connection: _____

Address: _____ City: _____

Phone: _____ Will Respond: Y / N Have Key: Y / N

Alarm Information:

Alarm Service: _____ Phone: _____

Reset Code: _____ Alarm Type: _____

Reset Minutes: _____ Audible: Y / N Battery Backup: Y / N

Activated by Outage: _____ Alarm Make & Model: _____

Main Alarm Panel Location: _____

Department Has a Key: Y / N Dog on Premises Y / N Gun on Premises

I certify that the information contained within this application is true and complete to the best of my knowledge. I further acknowledge that it is my responsibility to inform the Lake County Sheriff's Office of any changes to this information that may occur, and that the Lake County Sheriff's Office is not liable for any failure to perform as a result of inaccurate or invalid information. I further acknowledge that this permit is non-transferable, and may be terminated pursuant to Lake County Ordinance No. 1991.

Print Applicant Name: _____

Signature of Applicant: _____

****Please submit your \$25.00 Application fee to the Lake County Sheriff's Office P.O. Box 489 Lakeport Ca 95453****

Fee Receipt #	Permit Issue Date:	Issued By:	System Entry Date/By:
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Comments:

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In the space provided below, provide the following:

1. Diagram the approximate floor plan of your business or residence.
2. Show principle rooms, doors, windows, and other prominent features.
3. Provide approximate measurements of distances
4. Show locations of alarm sensors and/or devices
5. If you have a safe or other secure area, show its location on the diagram.
6. Indicate the front (street side) of your residence or business
7. If you have hazardous materials on your property, please indicate location and type.

This information will assist us when we respond to your business or residence, and help us to determine whether entry or damage has occurred to your property, as well as help assure the safety of our personnel. Thank you.