



## CITY OF FRESNO

### ALARM REGISTRATION

New Permit       Update

#### FOR OFFICE USE ONLY

Permit Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

#### FRESNO POLICE DEPARTMENT

Fiscal Affairs Bureau - False Alarm Unit  
 2326 Fresno Street  
 PO Box 1271  
 Fresno, CA 93715-1271  
 Telephone: (559) 621-7409 FAX (559) 488-1136  
[FPD.BusinessOffice@fresno.gov](mailto:FPD.BusinessOffice@fresno.gov)

#### Please Note:

There is no charge for Alarm Registration, however you may be billed for police response to a false alarm.

Public Safety Alarms are governed by Fresno Municipal Code (FMC) Section 10, Article 8 (effective 09/04/2007)

Previously FMC Section 9, Article 10

#### LOCATION OF ALARM:

*Please **PRINT CLEARLY** and **COMPLETELY** Fill Out This Form*

Address:		<input type="checkbox"/> Residence	<input type="checkbox"/> Apt # _____
		<input type="checkbox"/> Business	<input type="checkbox"/> Suite # _____
Zip Code:	Phone Number:	Alternate Phone Number (if available):	
First, Middle & Last Name of Alarm Subscriber/Person Responsible for Alarm:			Social Security Number:
Name of Business (If Applicable):			Fed Tax ID Number:

#### MAILING / BILLING ADDRESS: (If Different From Above)

Mailing Address:			
City:	State:	Zip Code:	Phone Number:

**EMERGENCY CALL LIST:** Please list two people who can be contacted **locally** in case of emergency. Someone who can respond to your alarm within 20 minutes, **with a key to the building and the alarm code.**

NAME	DAY PHONE #	NIGHT PHONE #
_____	_____	_____
_____	_____	_____

<b>TYPE OF ALARM:</b> (Check all that apply)		
<input type="checkbox"/> Robbery/Hold-up	<input type="checkbox"/> Audible	<input type="checkbox"/> Silent
<input type="checkbox"/> Burglary	<input type="checkbox"/> Panic or Duress	

#### ALARM COMPANY MONITORING ALARM:

Name:	Phone Number:
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Applicant Signature:	Date:
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