

CITY OF LAKEPORT

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RESIDENCE

ALARM PERMIT

APPLICATION

OFFICE USE ONLY:

PERMIT NO.: _____

\$25 Application Fee: _____

RECEIPT NO. _____

ISSUE DATE: _____

System Entry Date/By: _____

Application date: _____

THIS IS AN APPLICATION FOR AN ALARM PERMIT IN OCCORDANCE WITH THE CITY OF LAKEPORT MUNICIPAL CODE 8.01.040: Any person owning, using or possessing an alarm system shall obtain an alarm permit from the Lakeport Police Department prior to the installation, activation or operation of such alarm system. PAYMENT FEE OF \$25.00 SHALL BE SUBMITTED WITH THIS APPLICATION TO THE CITY OF LAKEPORT.

RESIDENCE ALARM AND RESPONSIBLE INFORMATION

Application (\$25.00)

Annual Renewal (No Fee)

Update (No Fee)

ALARM LOCATION:

NAME(S): _____ PHONE: _____

ADDRESS: _____

GATE CODE: _____ GARAGE CODE: _____

RESPONSIBLE CONTACTS: List contacts in order to be called. Contacts are persons that we can contact in case of an emergency or alarm activation.

NAME: _____ CONNECTION: _____

ADDRESS: _____ PHONE: _____

WILL RESPOND: _____ HAS KEY: _____

NAME: _____ CONNECTION: _____

ADDRESS: _____ PHONE: _____

WILL RESPOND: _____ HAS KEY: _____

NAME: _____ CONNECTION: _____

ADDRESS: _____ PHONE: _____

WILL RESPOND: _____ HAS KEY: _____

ALARM INFORMATION:

ALARM COMPANY: _____ PHONE: _____

ALARM TYPE: _____ RESET CODE: _____

RESET MINUTES: _____ AUDIBLE: Y/N BATTERY BACKUP: Y/N

ACTIVATES DURING OUTAGE: _____ ALARM MAKE & MODEL: _____

MAIN ALARM PANEL LOCATION: _____

SAFE ON PREMISES: Y/N NIGHT LIGHT: Y/N DOG ON PREMISES: Y/N GUN ON PREMISES: Y/N

OTHER WEAPON(S) ON PREMISES: Y/N IF YES, WHAT WEAPON(S): _____

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 Lakeport Police Department, in writing, of any changes to this information that may occur, and that the Lakeport Police Department 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 Lakeport Municipal Code 8.01.040.

APPLICANT SIGNATURE: _____

PRINT NAME: _____ DATE: _____

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.

