



**CITY OF PACIFICA**  
**APPLICATION FOR ALARM PERMIT**

Permit # \_\_\_\_\_

DIRECTIONS – type or print application, include initial application fee of \$88.00 (checks payable to “City of Pacifica”) and return to: Records Supervisor, Pacifica Police Department, 2075 Coast Hwy, Pacifica CA 94044

Check One:  RESIDENTIAL  BUSINESS/COMMERCIAL (Business License# \_\_\_\_\_)

Name of Resident or Business:	
Street Address:	
Phone Number:	
Billing Address (if different):	
Billing Phone Number (if different):	
Name of Owner/Manager (where applicable):	
Home Phone :	Work/Cell Phone:
Name of Property Owner:	
Home Phone:	Work/Cell Phone:
Name of 1 <sup>st</sup> Contact Person:	
Home Phone:	Work/Cell Phone:
Name of 2 <sup>nd</sup> Contact Person:	
Home Phone:	Work/Cell Phone:
Name of 3 <sup>rd</sup> Contact Person:	
Home Phone:	Work/Cell Phone:
Name of 4 <sup>th</sup> Contact Person:	
Home Phone:	Work/Cell Phone:
Do you have a surveillance camera:    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of alarm:    Burglary <input type="checkbox"/> Robbery <input type="checkbox"/> Fire <input type="checkbox"/> Medical <input type="checkbox"/> Panic <input type="checkbox"/>	
Is the alarm:    Silent <input type="checkbox"/> Audible <input type="checkbox"/> Both <input type="checkbox"/>	
Alarm Company:	Phone Number:
<b>FOR OFFICIAL USE ONLY</b>	
Date Received:	Receipt #:
Date Permit Mailed:	Permit #:
GEO File Updated:	