

**City of Santee**  
**ALARM SYSTEM PERMIT**

**Please read ALARM SYSTEM PERMIT INFORMATION before completing this form!**

**LOCATION OF ALARM:**        \_\_\_\_\_ Business        \_\_\_\_\_ Residence

**Number of Alarm Systems:**    [  ] SINGLE            [  ] DOUBLE            [  ] MULTIPLE  
    1 building or suite        2 to 6 suites            7 or more suites

**Type of Alarm Signal:**        [  ] SILENT            [  ] AUDIBLE            [  ] COMBINATION

Business Name (if applicable): \_\_\_\_\_

Name of Business Owner or Resident: \_\_\_\_\_

Location Address: \_\_\_\_\_  
    (NUMBER)                                      (STREET)                                      (SUITE #)

Mailing Address: \_\_\_\_\_  
    (NUMBER)                                      (STREET)                                      (CITY)                                      (ZIP)

Phone Number:    (      ) \_\_\_\_\_

**ALARM COMPANY INFORMATION**

Please provide information pertaining to the alarm company that monitors your alarm system.

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY NOTIFICATION**

Please list names and phone numbers of at least two (2) persons authorized to respond to alarms and open the protected premises at any time:

1. \_\_\_\_\_ Phone: \_\_\_\_\_  
2. \_\_\_\_\_ Phone: \_\_\_\_\_

I certify under penalty of perjury that the information I have given is true and correct to the best of my knowledge and belief. I understand and agree to notify the City of Santee of any changes within ten (10) days from the date such changes occur.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**ONE TIME FEE: \$12.00**

**PLEASE REMIT FEE AND APPLICATION TO:**  
**City of Santee, Finance Department, 10601 Magnolia Avenue, Santee, CA 92071-1222**