

# ALARM PERMIT APPLICATION

Orland Police Department  
817 Fourth Street  
Orland CA 95963-1714

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

Physical Location of Alarm: \_\_\_\_\_

## BUSINESS ALARM:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Fax: \_\_\_\_\_

-OR-

## RESIDENTIAL ALARM:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing address is different from above: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## PERSON WHO WILL RESPOND IF ALARM IS ACTIVATED

(If business – local contact required)

(If residence – please list local contact other than person applying for permit)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Alarm Installation Company:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Alarm Monitoring Company:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Alarm System:

Manufacturer: \_\_\_\_\_ Date Installed: \_\_\_\_\_

Model Number: \_\_\_\_\_

Failure to provide complete information will result in a denial of this application.

Orland City Municipal Code Section 8.38

For complete copy of Burglary & Robbery Alarm Procedures visit city website @ [www.cityoforland.com](http://www.cityoforland.com)