



CITY OF INGLEWOOD

ALARM SYSTEM PERMIT APPLICATION

Please check one:

Residential Commercial (Business Tax Number): _____

OFFICIAL USE ONLY	
Date:	_____
Account No.	_____
Alarm Permit No.	_____
Parcel No.	_____

APPLICANT INFORMATION / ALARM LOCATION - RESIDENTIAL USE ALARM SYSTEMS ONLY

Applicant/Resident Name (Last, First, Middle) _____	Home Phone _____
Address (Street, Apt. #, City, State, Zip) _____	Business Phone _____
	Pager/Cell Phone _____

ALARM LOCATION INFORMATION - COMMERCIAL USE ALARM SYSTEMS ONLY

Business Name _____	Business Phone No. _____
Business Address (Street, Ste.#, Zip) _____ Inglewood, CA Zip: _____	Backline Emergency Phone No. _____
Name of Business Owner and/or Responsible Party _____	Pager/Cell Phone _____

EMERGENCY TELEPHONE NUMBERS

Please list three responsible parties who will respond to the alarm location within thirty (30) minutes of an alarm activation, if requested to do so. (FOR BOTH COMMERCIAL AND RESIDENTIAL APPLICANTS.) The applicant understands that it may be necessary, in the event of a break-in, for the affected building to be boarded up AT THE APPLICANT'S expense in those instances where a responsible party fails to respond to the location when requested to do so within 30 minutes of said request.

Name _____	Home Phone () _____	Business Phone () _____	Pager/Cell Phone () _____
Name _____	Home Phone () _____	Business Phone () _____	Pager/Cell Phone () _____
Name _____	Home Phone () _____	Business Phone () _____	Pager/Cell Phone () _____

ALARM COMPANY INFORMATION

Company Name _____	Business Phone No. _____
Address _____	Inglewood Business Tax No. _____

OFFICER SAFETY INFORMATION

- Yes No Are there any weapons located at the alarm location? (This includes Armed Guards)
- Yes No Are there any dogs at this location?
If so, is (are) the animal(s) located inside or outside? Inside Outside
- Yes No Are there any disabled persons residing at this location?
- Yes No Are there any residences above your business location?
- Yes No Is there a permanent security guard at your business location?
- Yes No Is there also a fire alarm installed at this location?
- Yes No Are there any hazardous materials stored or maintained at this location?
If so, what type(s)? _____

I hereby certify, under penalty of perjury, that the information on this form is true, correct and complete.

Signature of Owner or Representative _____ Date _____

Please advise the Finance Department immediately in writing if there are any changes to the above information.

After completing this application, please enclose \$53 and return to:

CITY OF INGLEWOOD
Finance Department
P. O. Box 6500
Inglewood, CA 90312-6500
(310) 412-5500

Please retain a copy of this permit application for your records.