



SAN DIEGO COUNTY SHERIFF'S OFFICE

LICENSING DIVISION

9621 Ridgehaven Court, PO Box 939062
San Diego, CA 92193-9062



ALARM SECURITY PERMIT APPLICATION

(Sections 310.101-310.116 County Code of Regulatory Ordinances)

ONE TIME FEE: \$176.00

ASP# _____

The fee is non-transferable and must be submitted with this application

Make checks payable to: San Diego Sheriff's Department

Mail to: San Diego Sheriff's Department, Attn: Licensing Division, P.O. Box 939062, San Diego, CA 92193-9062

Applications shall be filed within thirty (30) days of installation of an alarm system. Sec. 310.104 (c). This application is valid only for one address location. A separate application and fee are required for each alarm system address location.

All information herein is required per Sec. 310.101 et seq, San Diego County Code.

ALARM USER INFORMATION (Print clearly or Type)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DRIVER LICENSE # _____ DATE OF BIRTH _____

MAILING ADDRESS _____

DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

ALARM LOCATION _____

TYPE OF PROPERTY: RESIDENTIAL COMMERCIAL/BUSINESS NAME _____

TYPE OF ALARM: SILENT AUDIBLE INTERIOR PERIMETER

EMERGENCY CONTACT (Person authorized to respond to alarms and to open premises other than the alarm user or agent)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

RESIDENCE ADDRESS _____

DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

ALARM AGENT/ALARM COMPANY

NAME _____

ADDRESS _____

DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

MONITORING ALARM COMPANY (if different than above) SAME AS ABOVE

NAME _____

ADDRESS _____

24 HOUR PHONE NUMBER _____

I UNDERSTAND THAT THIS PERMIT IS VALID ONLY FOR THE ABOVE ADDRESS LOCATION AND MAY NOT BE TRANSFERRED TO ANY NEW LOCATION OR ALARM USER. I HAVE RECEIVED AND READ A COPY OF THE SAN DIEGO COUNTY CODE REGULATING ALARM SYSTEMS IN THE UNINCORPORATED AREA AND WILL NOTIFY THE SHERIFF, IN WRITING, WITHIN TEN (10) DAYS OF ANY CHANGE IN ANY INFORMATION CONTAINED HEREIN OR OF ANY CHANGE OF OWNERSHIP OF THE PERMITTED PREMISES.

APPLICANT SIGNATURE _____ **DATE** _____

___ ORD	___ IDX	___ PERMIT ISSUED	___ OTHER
___ APP	___ FEE	___ FATS	___ TG
___ FE/U	___ WL2	___ TIDX	___ APF
___ ST1S/N		BY: _____	