

Mail application with \$40 check payment to:

Fremont Police Department Alarm Permit Program P.O. Box 5007 Fremont, CA 94537-5007

Check payable to: City of Fremont

OFFICE USE ONLY					
Permit					
Date Issued					
Amount Paid					
New	Renewal	Change			

City of Fremont New Alarm Permit Application

1.	Applicant Name:	Phone:			
2.	Email Address:				
3.	Alarm Type (Check one):	☐ Residential Class R	□ Commercial Class C		
	3a. Business Name (required if co	ommercial)			
4.	Physical Address of <u>Alarmed</u> Location in City of Fremont (Number, Street, Apt, Zip):				
5.	Point of Contact for Alarms. You must list at least one but no more than three persons (in order of preference) that can respond to an alarm within 30 minutes. It's best if these individuals have key to the property, the code to reset a malfunctioning alarm, and be able to secure the premises.				
	Contact Name	Day/Mobile Phone	Business/Other Phone		
	1				
	2				
	3				
6.	Billing Information (if different fro	al notice will be sent):			
	Attention Name:	Phone:			
	Billing Address				
7.	Alarm Company Information:				
	Company Name:	Company Pt	none:		
8	Date:	Applicant Signature			
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Allow three to four weeks for processing. Upon assignment of a permit number, a sticker with your permit number will be issued to you and must be posted and visible at the main entrance. Your permit is valid for two (2) years from the permit issuance date. Renewal notice mailed two months prior to expiration date.