



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. **Alarm Type** (Check one): Residential Class R Commercial Class C

2a. **Business Name** (required if commercial) _____

3. **Physical Address of Alarmed Location in City of Fremont (Number, Street, Apt, Zip):**

4. **Point of Contact for Alarms.** List up to three persons (in order of preference) that can respond to an alarm **within 30 minutes**. It's best if these individuals have a key to the property, the code to reset a malfunctioning alarm, and be able to secure the premises.

	Contact Name	Phone Number 1	Alternate Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

5. **Mailing Address** (if different from above; address where permit/renewal notice will be sent):

Attention Name: _____ Phone: _____

Billing Address _____

6. **Alarm Company Information:**

Company Name: _____ Company Phone: _____

7. **Date:** _____ **Applicant Signature** _____

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.

Visit our website at www.fremontpolice.org.