



CITY OF MERCED

ALARM PERMIT

New Permit

Update

FOR OFFICE USE ONLY

Permit Number: _____

Date Received: _____

By: _____

MERCED POLICE DEPARTMENT

ATTN: Alarms
611 W 22nd Street
Merced, CA 95340
(209) 385-6912
www.alarms@cityofmerced.org

Please Note:

There is no charge to file the Alarm Permit, however you may be billed for **not** having an Alarm Permit on file.

Alarm billing is governed by Merced Municipal Code (MMC) Section 8.28.

ALARM ADDRESS:

Please COMPLETELY Fill Out This Form

Name Of Person Responsible For Alarm:		Social Security or (last 4 minimum and DOB):
Name Of Business (If Applicable):		
Address:		<input type="checkbox"/> Residence <input type="checkbox"/> Apt #: _____ <input type="checkbox"/> Business <input type="checkbox"/> Ste #: _____
Zip Code: 953 _____	Phone Number:	Alternate Phone Number: (If Available)
How Long Have You Been At This Address?	Do You Currently Have An Alarm Permit On File With Merced PD? <input type="checkbox"/> Yes # _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure	

MAILING ADDRESS: (If Different From Above)

Address Or P.O. Box:			
City:	State:	Zip Code:	Phone Number:

EMERGENCY CALL LIST: Please list at least two people who can respond to your alarm within 20 minutes, with a key to the building and the alarm code. If additional please use separate sheet.

NAME	DAY PHONE	NIGHT PHONE
_____	_____	_____
_____	_____	_____

TYPE OF ALARM: (Check All That Apply)

- Audible
- Silent
- Panic or Duress

ALARM COMPANY MONITORING ALARM:

Name:	Phone Number:
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Applicant Acknowledgement:

Date:

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