



Permit/Registration No.

A NON-REFUNDABLE \$20 PERMIT/REGISTRATION FEE MUST BE SUBMITTED WITH EACH PERMIT/REGISTRATION FORM. MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF POMONA.

**A. Residential Alarm User Information:** (Residential alarm users, please complete Sections A and C through G.)

**Alarm User Name:**

First Name Last Name

**Alarm Location:**

Street Number Street Prefix Street Name Street Suffix Suite/Apt No.

City State Zip Code Gate Code

Home Phone Work Phone Cell Phone or Pager Email Address

**Type of Alarm (check all that apply):** Burglar /\_\_\_/ Panic /\_\_\_/ Medical /\_\_\_/ Robbery/Holdup /\_\_\_/

**B. Commercial Alarm User Information:** (Commercial alarm users, please complete Sections B through G.)

Name of Corporation, Sole Proprietor or Partners

Trade Name(s) Used by Business

**Alarm Location:**

Street Number Street Prefix Street Name Street Suffix Suite/Apt No.

City State Zip Code Business Phone Number

**Owner or President of Business:**

First Name Last Name

Home Phone Work Phone Cell Phone or Pager Email Address

**Local Manager:**

First Name Last Name

Home Phone Work Phone Cell Phone or Pager Email Address  
**C. Mailing Address:** (If different from Location of Alarm System)

**D. Contact Information:** (List two people, other than the owner, who can respond to an alarm activation.)

**1st Contact Name:**

First Name Last Name

Home Phone Work Phone Cell Phone or Pager Email Address

**2nd Contact Name:**

First Name Last Name

Home Phone Work Phone Cell Phone or Pager Email Address

**E. Alarm Service/Install Company:**

License No. Contact Person Phone

**F. Alarm Monitoring Company:**

License No. Contact Person Phone

**G. Special Conditions:** (List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.)

SIGNATURE LINE: \_\_\_\_\_

PLEASE MAIL TO: ATTENTION ALARM COORDINATOR, 490 W. MISSION BLVD, POMONA, CA 91766.

DEPARTMENT USE ONLY  
CK# \_\_\_\_\_  
MO# \_\_\_\_\_  
EFT# \_\_\_\_\_  
AMT\$ \_\_\_\_\_  
DATE \_\_\_\_\_

## **Instructions for Completion of Alarm User Permit/Registration Form**

**Section A**– To be completed by Residential alarm users only

**Alarm User Name:** First and last name of the residential alarm user. List both spouses, if applicable.

**Alarm Location:** Complete street address, including directional prefix and suffix, where the alarm is located. Indicate the home, work and cell or pager (cell is preferable) numbers of the alarm user, as well as one email address where the alarm user can receive correspondence. If no email address is available, leave blank.

**Section B**– To be completed by Commercial alarm users only

**Business Name:** Indicate the full legal corporate name of the business. If the business is a sole proprietorship or partnership, list the name of the owner or one partner.

**Trade Name:** List any trade names used by the business if different from the corporation name, owner or partner's name.

**Alarm Location:** Complete street address, including directional prefix and suffix, where the alarm is located. Indicate the business phone number at the alarmed location.

**Owner or President:** List the first and last name of the president, owner or person responsible on a corporate level for the alarm system at the alarm address. Indicate the home, work and cell or pager (cell is preferable) numbers of the business owner, president or partner, as well as one email address where this person can receive correspondence. If no email address is available, leave blank.

**Local Manager:** List the first and last name, home, work and cell or pager (cell is preferable) numbers and email address for the local manager at the alarm site.

**Section C**– To be completed by both Residential and Commercial alarm users

**Mailing Address:** Indicate separate mailing address if different from the alarm location.

**Section D**– To be completed by both Residential and Commercial alarm users

**Contact Information:** These are persons, who should be contacted in the event of an alarm activation, and who are willing and have agreed to receive notification of an alarm activation at any time, respond to the alarm site within (specify time limit), grant access to the alarm site and deactivate the alarm system if such becomes necessary. Two separate contact persons are required. Provide home, work and cell or pager (cell is preferable) numbers, as well as email addresses of contacts.

**Section E**– To be completed by both Residential and Commercial alarm users

**Alarm Install/Service Company:** List the name of the company that either installed or services your alarm system. Include the alarm company's license number, contact person and the best phone number at which to reach this individual. Check your contract or contact your alarm company for the information.

**Section F** - To be completed by both Residential and Commercial alarm users

**Alarm Monitoring Company:** List the name, license number, contact person and phone number of the company that monitors your alarm system and requests public safety dispatch on your behalf. If same as install or service company, leave blank.

**Section G**– To be completed by both Residential and Commercial alarm users

**Special Conditions:** Indicate any unusual circumstances that should be considered when responding to an alarm at the permitted alarm address such as: handicapped person(s), guard dog on site, hazardous conditions/materials, security personnel, weapons, directions to alarm site, etc.

**Signature Line:** Responsible residential alarm user or the president, owner, partner or local manager of a commercial alarm user must sign this form.