



**ALARM PERMIT APPLICATION**  
Del Norte County Sheriff's Office  
650 Fifth Street, Crescent City, CA 95531  
(707) 464-4191, ext. 1531



**Erik Apperson**  
Sheriff/Coroner

**Privately Monitored Alarm Permit: \$20.00 (2 year)**

**BUSINESS ALARM**

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Contact Person: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

**OR**

**RESIDENTIAL ALARM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**-COMPLETE INFORMATION REQUIRED-**

List at least two persons (other than listed above) who will respond to the location day or night.

Name, Address and Phone (List all phone numbers: Business, Residential and Cell)

1. \_\_\_\_\_

2. \_\_\_\_\_

**Alarm Company:** (Name, Address and Phone)

\_\_\_\_\_

=====  
Department use only

**PERMIT NO.** \_\_\_\_\_

Paid \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_ by: \_\_\_\_\_ Date: \_\_\_\_\_