IRVINE POLICE DEPARTMENT
REGULATORY AFFAIRS UNIT
ONE CIVIC CENTER PLAZA• P.O. BOX 19575
IRVINE, CALIFORNIA 92623 - 9575 • (949) 724-6467
Internet: http://www.irvinepd.org ● E-Mail: ipd@irvinepd.org

ALARM SYSTEM PERMIT APPLICATION

David L. Maggard, Jr.
Chief of Police

OFFICE USE ONLY
PERMIT NUMBER:
PEID NUMBER:
ANNIVERSARY DATE:

TYPE OR PRINT ALARM USER INFORMATION FOR BUSINESS OR RESIDENTIAL LOCATION

1. Please Check Pertinent Box(s): ☐ Commercial Nature of Business: ☐ Residence   ☐ Change of address/phone/emergency contact/alarm company

2. Residence Last Name or Business Name:

3. Name of Responsible Party for Alarm System:

Last   First   Middle

4. Address:

Street **(P.O. Box NOT acceptable)**   Suite   Zip

5. Premises Phone Number: 6. Alternate Number: 7. Alternate Number:

8. Billing Address:
(Complete if different from above)

Street   Suite

City   State   Zip

EMERGENCY TELEPHONE NUMBERS

In an emergency response, the Responsible Party listed above will be the first person contacted. If the Responsible Party cannot be reached we will contact the person(s) listed below. You must list two other responsible parties who will respond to the alarm location within 45 minutes of an alarm activation, if requested to do so.   The two individuals must have the ability to reset or deactivate the alarm system.

(FOR BOTH COMMERCIAL AND RESIDENTIAL APPLICANTS)

Name	Home Phone Number	Business Phone Number	Cell Phone Number
Name	Home Phone Number	Business Phone Number	Cell Phone Number

ALARM MONITORING COMPANY INFORMATION

Name of Alarm Company	Street Address	City	State/Zip	Phone Number

OFFICER SAFETY INFORMATION

Are there any weapons at the alarm location? If so please describe below.	☐ YES	☐ NO
Are there any hazardous materials stored or maintained at this location? If so, what type?	☐ YES	☐ NO
Are there any dogs at this location? Are the dogs located inside or outside?	☐ YES ☐INSIDE ☐OUTSIDE	☐ NO

Mail Completed Application to: **OR**   Fax Completed Application to:
Alarm Coordinator
Irvine Police Department   **(949) 250-3090**
P.O. Box 19575
Irvine, CA 92623-9575
*If you have any questions please contact the Alarm Coordinator at (949) 724-6467. Retain a copy of this permit application for your records.
* Application must be complete in order to process.

*There are no fees for completing the Alarm Permit Application. A separate application must be completed for each alarm system at each location and permits cannot be transferred to another person or entity.
*The Responsible Party is required to notify Alarm Coordinator of any changes on this application within 10 business days.
*Please notify Alarm Coordinator if you move or if your business closes.
*All information on this application is confidential.

Print Name (Required for Processing)	Signature (Required for Processing)	Date

FORM 22-14 04/05