

DATE SUBMITTED _____

PERMIT NO. _____

ACCEPTED BY _____



Plumas County Sheriff's Office

1400 E. Main St. Quincy, CA 95971-9402

EXPIRATION _____

PHONE (530)-283-6375 FAX (530)283-6344

DISPATCH (530)283-6300

ALARM SYSTEM PERMIT APPLICATION

(ONE PERMIT APPLICATION REQUIRED FOR EACH ALARM SITE)

*****PLEASE PRINT LEGIBLY*****

TYPE OF PERMIT REQUESTED			
NEW ALARM PERMIT - \$45.00	ANNUAL PERMIT RENEWAL - \$25.00	INFORMATION CHANGE – NO FEE	
ALARM USER REQUESTED			
Owner Name: _____ Physical Address of Alarm Site: _____ City, State, Zip: _____ Phone Number at Alarm Site: _____ Codes Needed to Access Alarm Site: _____ Physical Address (If Different Than Alarm Site): _____ Phone Number (If Different Than Alarm Site): _____ Mailing Address: _____ Alarm Company: _____ Phone Number of Alarm Company: _____ Mailing Address of Alarm Company: _____			
RESPONSIBLE REPRESENTATIVES			
<i>Persons that will be notified by the Sheriff's Office if an alarm is activated and there is no answer at the alarm site. They will need to know the location and how to reset the alarm system. Cannot be anyone living at the alarm premises. Minimum of two (2) required.</i>			
Name	Address	Phone#	Response Time
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
ALARM SITE INFORMATION			
BUSINESS	GOVERNMENT OFFICE	RESIDENTIAL	
Business Name: _____	_____	Full-time Residence	_____
Business Hours: _____	To: _____	Part-time Residence	_____
Days Closed: _____	_____	Seasonal/Vacation Home	_____
TYPE OF ALARM			
*****NO AUTOMATIC DIALING DEVICES ARE PERMITTED*****			
(Mark all that apply & note any relevant information)			
Silent Robbery	Audible Intrusion	Manual Activation Medical	Motion, Sound, Vibration Activated Fire Panic
Additional Information: _____ _____			

I certify that all information provided in this Alarm System Permit Application is valid and true to the best of my knowledge.

Applicant Signature

Date

Mail application and the appropriate fee to:

Plumas County Sheriff's Office

1400 E. Main Street

Quincy, CA 95971-9402

FOR OFFICIAL USE ONLY			
Permit #:	Area:	Date Approved:	
Approved By:	Date Permit Copy Mailed:		
Date Renewal Notice Sent:	Renewal Notice Sent By:		