



**SAN DIEGO COUNTY
SHERIFF'S DEPARTMENT**

License Division, 9621 Ridgehaven Court, P.O. Box 939062
San Diego, CA 92193-9062
858-974-2020

William D. Gore, Sheriff

ALARM SECURITY PERMIT APPLICATION

(Sections 310.101 – 310.116 County Code of Regulatory Ordinances)

ONE TIME FEE: \$ 118.00

ASP # _____

(Fee is non-transferable and must be submitted with this application)

Make checks payable to: San Diego Sheriff's Department

Mail to: San Diego Sheriff's Department, Attn: Licensing Division, P.O. Box 939062, San Diego, CA 92193-9062

Applications shall be filed within thirty (30) days of installation of an alarm system. Sec. 310.104 (c). This application is valid only for one address location. A separate application and fee is required for each alarm system address location.

ALL INFORMATION HEREIN IS REQUIRED PER SEC. 310.101 et seq, SAN DIEGO COUNTY CODE

ALARM USER INFORMATION (Print or Type only)

Alarm User _____
(Last name) (First name) (MI)

Mailing Address _____
(Number) (North, East, South, West) (Street) (Ste., Apt.) (City) (State) (Zip)

Daytime # () _____ Evening # () _____

Alarm Location _____
(Number) (North, East, South, West) (Street) (Ste., Apt.) (City) (State) (Zip)

Type of Property: residential commercial/business name _____

Type of Alarm: silent interior audible perimeter

EMERGENCY CONTACT *(Person authorized to respond to alarms and to open premises other than alarm user or agent)*

Contact #1 Name _____
(Last name) (First name) (MI)

Residence Address _____
(Number) (North, East, South, West) (Street) (Ste., Apt.) (City) (State) (Zip)

Daytime # () _____ Evening # () _____

ALARM AGENT/ALARM COMPANY

Name _____ Telephone # _____
& Address _____

MONITORING ALARM COMPANY (if different from above)

Monitoring Company _____ **24-Hour Telephone # ()** _____

Address _____
(Number) (North, East, South, West) (Street) (Ste., Apt.) (City) (State) (Zip)

I UNDERSTAND THAT A PERMIT IS VALID ONLY FOR THE ABOVE ADDRESS LOCATION AND MAY NOT BE TRANSFERRED TO ANY NEW LOCATION OR ALARM USER. I HAVE RECEIVED AND READ A COPY OF THE SAN DIEGO COUNTY CODE REGULATING ALARM SYSTEMS IN THE UNINCORPORATED AREA AND WILL NOTIFY THE SHERIFF, IN WRITING, WITHIN TEN (10) DAYS OF ANY CHANGE IN ANY INFORMATION CONTAINED HEREIN OR OF ANY CHANGE OF OWNERSHIP OF THE PERMITTED PREMISES.

APPLICANT SIGNATURE _____ **DATE** _____

SHERIFF DEPARTMENT USE ONLY			
<input type="checkbox"/> ORD	<input type="checkbox"/> IDX	_____	<input type="checkbox"/> PERMIT ISSUED <input type="checkbox"/> OTHER _____
<input type="checkbox"/> APPL	<input type="checkbox"/> FEE	<input type="checkbox"/> FATS <input type="checkbox"/> TG <input type="checkbox"/> ST1S/N	
<input type="checkbox"/> FE/U	<input type="checkbox"/> WL2	<input type="checkbox"/> TIDX <input type="checkbox"/> APF	BY: _____