



Town of Tiburon
Security Alarm Permit Application
 Tiburon Alarm Coordinator
 1155 Tiburon Blvd.
 Tiburon, CA 94920
 m(415) 789-2801 f(415)789-2828

Official Use Only
 Permit No. _____
 Date Issued _____

<p>ALARM SITE (Check Applicable Box) (\$30 Annual Fee)</p> <p><input type="checkbox"/> Single Family Residence <input type="checkbox"/> Commercial</p> <p>Street Address _____</p> <p>Apt or Unit Number _____</p> <p>City, State, Zip _____</p> <p>Location Name (Business) _____</p> <p>Shopping Center, Apt or Office Complex Name _____</p>	<p>APPLICANT/PERMITTEE</p> <p>ROLE <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Mgmt Co</p> <p>TYPE <input type="checkbox"/> Individual <input type="checkbox"/> Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Govt</p> <p>Individual Last Name, First Name OR Business Name _____</p> <p>If Business, provide Contact Name _____</p> <p>Mailing Address _____</p> <p>City, State, Zip _____</p> <p>E-mail Address _____</p>
---	---

PHONE CONTACTS
 List your Phone Numbers alongside Permittee and add additional emergency contacts such as Key Holders, Neighbors and Relatives.

Type	Name	Home Phone	Work Phone	Mobile
Permittee				

<p>SECURITY ALARM</p> <p>Date Installed (MM/DD/YY) _____</p> <p>Fire <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Burglar <input type="checkbox"/> Audible <input type="checkbox"/> Silent <input type="checkbox"/> No</p> <p>Robbery/Panic <input type="checkbox"/> Audible <input type="checkbox"/> Silent <input type="checkbox"/> No</p> <p>Duress <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Medical <input type="checkbox"/> Audible <input type="checkbox"/> Silent <input type="checkbox"/> No</p> <p>Alarm Service Company & Phone Number _____</p> <p>Alarm Service Company Address _____</p> <p>City, State, Zip _____</p> <p>Alarm Monitoring Company & Phone No. _____</p>	<p>Information to assist officers responding to your alarm</p> <table border="1"> <thead> <tr> <th>Pet</th> <th>Indoor/Outdoor</th> <th>Bites?</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Hazards on Site</p> <p>_____</p> <p>_____</p> <p>Additional Comments</p> <p>_____</p> <p>_____</p> <p>_____</p>	Pet	Indoor/Outdoor	Bites?	_____	_____	_____	_____	_____	_____
Pet	Indoor/Outdoor	Bites?								
_____	_____	_____								
_____	_____	_____								

I hereby agree to comply with the provisions of the Town of Tiburon False Alarm Ordinance No, 29-10.

I understand there is no prorating of the annual fee for permits issued for less than a full calendar year.

Authorized Signature _____ **Date** _____

Please mail the completed application along with payment of \$30.00 for annual fee or \$50.00 for a new applicant. **Tiburon Alarm Coordinator, 1155 Tiburon Blvd., Tiburon, CA 94920**