City of Santee

ALARM SYSTEM PERMIT

Please read ALARM SYSTEM PERMIT INFORMATION before completing this form!

LOCATION OF ALARM: ____ Business ____ Residence

Number of Alarm Systems: ☐ SINGLE (1 building or suite) ☐ DOUBLE (2 to 6 suites) ☐ MULTIPLE (7 or more suites)

Type of Alarm Signal: ☐ SILENT ☐ AUDIBLE ☐ COMBINATION

Business Name (if applicable): _____

Name of Business Owner or Resident: _____

Location Address: _____
(NUMBER) (STREET) (SUITE #)

Mailing Address: _____
(NUMBER) (STREET) (CITY) (ZIP)

Phone Number: _____

ALARM COMPANY INFORMATION
Please provide information pertaining to the alarm company that monitors your alarm system.

Alarm Company: _____ Phone: _____

EMERGENCY NOTIFICATION
Please list names and phone numbers of at least two (2) persons authorized to respond to alarms and open the protected premises at any time:

1. _____ Phone: _____
2. _____ Phone: _____

I certify under penalty of perjury that the information I have given is true and correct to the best of my knowledge and belief. I understand and agree to notify the City of Santee of any changes within ten (10) days from the date such changes occur.

Date: Signature: _____

ONE TIME FEE: $13.00

PLEASE REMIT FEE AND APPLICATION TO:
City of Santee, Finance Department, 10601 Magnolia Avenue, Santee, CA 92071-1222