City of San Clemente

ALARM PERMIT APPLICATION

RESIDENTIAL / COMMERCIAL ALARM

ALARM APPLICANT'S NAME: _____

BUSINESS NAME (*If Applicable*): _____

ALARM ADDRESS: _____

_____ZIP: _____

BILLING ADDRESS (*If different from above*): _____

_____ZIP: _____

APPLICANT'S PHONE #: _____

ALARM COMPANY: _____ PHONE #: _____

RETURN APPLICATION WITH $40.00 FEE TO: CITY OF SAN CLEMENTE
910 CALLE NEGOCIO
SAN CLEMENTE, CA 92673

(Office Use Only)   Alarm # _____

Expires _____

NO ALARM PERMIT WILL BE PROCESSED UNLESS ALL OF THE NECESSARY INFORMATION HAS BEEN PROVIDED AND THE PROPER FEE PAID.