



ALARM USER PERMIT APPLICATION

OROVILLE POLICE DEPARTMENT

2055 Lincoln Street
Oroville, CA 95966
530-538-2448

OROVILLE MUNICIPAL CODE § 3A

Instructions: Complete the application form below and submit along with payment to the Oroville Police Department at address noted above.				
GOVERNMENT ENTITIES AND RESIDENTIAL ALARM USERS OVER THE AGE OF SIXTY-FIVE (65) WHO ARE THE PRIMARY RESIDENT OF THE RESIDENCE (AS LONG AS NO BUSINESS IS CONDUCTED AT THE RESIDENCE) ARE EXEMPT FROM PERMIT AND APPLICATION FEES.				
ALARM USER'S NAME		NAME OF BUSINESS (if applicable)		
RESIDENCE ADDRESS	STREET	SUITE/AP	CITY	STATE ZIP CODE
MAILING ADDRESS (if different)				
DAYTIME # ()		EVENING # ()		
CHECK MARK AN "X" IN APPROPRIATE BOX	RESIDENTIAL ALARM ()	COMMERCIAL ALARM ()		
TYPE OF ALARM	BURGLARY ()	ROBBERY ()	PANIC ()	
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				
DAYTIME PHONE #		EVENING PHONE #		
ALARM AGENT / ALARM COMPANY / MONITORING ALARM COMPANY				
ALARM AGENT	Last name	First Name	(MI)	
ALARM COMPANY ADDRESS				
DAYTIME PHONE #		EVENING PHONE #		
SYSTEM DESCRIPTION OF THE AUTOMATIC SHUTOFF OR RESET FEATURE				
SYSTEM DESCRIPTION OF AUXILIARY POWER SUPPLYING THE EVENT OF POWER DISRUPTION				

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 OROVILLE MUNICIPAL CODE REGULATING ALARM SYSTEMS WITHIN THE INCORPORATED AREA AND WILL NOTIFY THE OROVILLE POLICE, 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 _____

ANNUAL FEE: \$30
(fee is non-transferable and must be submitted with this application)
Make checks payable to : CITY OF OROVILLE

OROVILLE POLICE DEPARTMENT ONLY

[] PERMIT ISSUED
[] OTHER _____
BY: _____