



**ALARM PERMIT APPLICATION**

ROSS POLICE DEPARTMENT  
P.O Box 320, Ross CA 94957  
(415) 453-1453

Applicants Name: \_\_\_\_\_

Applicant's Telephone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Street Address Where Alarm System is Located: \_\_\_\_\_

Telephone Number Where Alarm is Located: \_\_\_\_\_

Alarm is activated by: ( ) Fire ( ) Burglary ( ) Panic ( ) Other: \_\_\_\_\_

Alternate Person(s) to be Notified in Case of Emergency:

Name: \_\_\_\_\_ Home / Cell Phone: \_\_\_\_\_ Key: Y / N

Name: \_\_\_\_\_ Home / Cell Phone: \_\_\_\_\_ Key: Y / N

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Alarm Company Name: \_\_\_\_\_

Alarm Company Address: \_\_\_\_\_

Alarm Company 24hr. Telephone Number: \_\_\_\_\_

*Any changes in the required information must be forwarded in writing to the Ross Police Department with ten (10) days of the changes being made.*

I understand the unlawful operation of the system will be grounds for permit suspension and criminal prosecution as a misdemeanor, with a possible fine of \$1,000 dollars and one (1) year in jail. Further, as required by the Town of Ross Burglar and Fire Alarm Ordinance, I understand excessive false alarms will be tabulated and I will be liable for the payment of a fine as set forth by Town of Ross Resolution 1196.

Signed: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**A filing fee of \$50.00 dollars made payable to the Town of Ross and mailed to the Police Department must accompany this application.**