



ALARM SYSTEM 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: _____

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

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: _____

Renewal Due: One Year from Date of Application

A filing fee made payable to the Town of Ross and mailed to the Police Department must accompany this application.

**Original Application Fee: \$50.00
 Renewal Fee: \$25.00**