IMPERIAL COUNTY SHERIFF'S OFFICE

P.O. BOX 1040 • 328 APPLESTILL ROAD
EL CENTRO, CALIFORNIA 92243-1040
(442) 265 2125

Please Check One

Home Alarm ☐

Business Alarm ☐

APPLICATION FOR ALARM PERMIT

Applicant or Business Name: _____

Address: _____

Telephone: Residence: _____ Business: _____

Email: _____

****

Alarm Type: ❑ Burglar ❑ Fire ❑ Panic ❑ Audible ❑ Silent

Address of Alarm: _____

Alarm Company Name: _____

Alarm Company Address: _____

Alarm Company Telephone: _____ Email: _____

Alarm Company Representative: _____ Telephone: _____

Emergency Contact: _____ Telephone: _____

Hazards at alarm site: _____
(Guard dog, etc)

****

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 have all required notices, unless otherwise specified, sent by U.S. Mail to the address given on this application or email. I agree to notify the Sheriff of any changes in the information provided in the application within five (5) days from the date of the change.

Date: _____ Signature: _____

➢ FOR ICSO OFFICE USE ONLY ➣

Permit #: _____ Issuance Date: _____ Expiration Date: _____

Processed By: _____ Check #: _____ Receipt #: _____