CITY OF POWAY
DEVELOPMENT SERVICES DEPARTMENT

ALARM SYSTEM APPLICATION

Apply online at poway.munipal.io

Please Check One: ◉ Residence ○ Business

Business or Resident Name: _____

Address (where alarm installed: _____

Mailing Address (if different than above: _____

Telephone Number: _____ Date of Occupancy: _____

EMERGENCY INFORMATION (Persons who may secure premises on a 24 hour basis:

1. _____

2. _____

3. _____

Name Address Phone No.

ALARM AND ALARM COMPANY INFORMATION

Monitoring Company: _____ Phone No. _____

Alarm Company Name: _____ Phone No. _____

Address: _____

Type of Alarm: ○ Silent ◉ Audible

Type of Response Requested:
- ○ Robbery
- ◉ Fire
- ○ Burglary/Unauthorized Entry
- ○ Medical Emergency

APPLICATION FEE (One Time, Non-Transferable): $69.00
Please make your check payable to: **City of Poway**

MAIL APPLICATION AND CHECK TO:

Munipal
P.O. Box 460219
Escondido, CA 92046-0219
1-800-749-9669
1-760-749-8549 (FAX)

for office use only

Application Reviewed By: _____ Permit #: _____