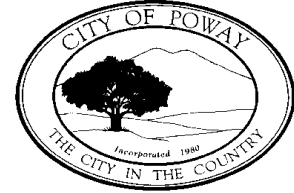


CITY OF POWAY

DEVELOPMENT SERVICES DEPARTMENT



ALARM SYSTEM APPLICATION

Apply online at poway.ca.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 #: _____