



**City of Carlsbad**  
**Finance Department**  
 Alarm System Permit Application  
 1635 Faraday Avenue  
 Carlsbad, CA 92008

Phone: 760-602-7555

Fax: 760-602-8553

**\*\*\*FORM MUST BE COMPLETED IN ITS ENTIRETY PER  
 SECTION 8.50.030, ORDINANCE NS-68 & 7, TITLED ALARM SYSTEMS\*\*\***

Please Check One:       Residence       Business

City Business License (if applicable): \_\_\_\_\_

Alarm User Name: \_\_\_\_\_

Alarm Location Address: \_\_\_\_\_

City, State and Zip Code (include zip +4): \_\_\_\_\_

Alarm Location Telephone Number: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State and Zip Code (include zip +4): \_\_\_\_\_

Email address: \_\_\_\_\_

Date Alarm System Activated: \_\_\_\_\_

***(This information must be provided)***

**Business Owner(s) (if applicable):**

	<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>
1.	_____		
2.	_____		

**\*REQUIRED FIELD\***

**Emergency Information (Persons who could secure the premises on a 24-hour basis if you are not available):**

	<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>
1.	_____		
2.	_____		

**Alarm System and Alarm Company Information:**

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

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Type of alarm:       Burglary/Unauthorized       Panic/Emergency  
                           Robbery/Hold up                       Medical Emergency

Monitoring Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**OFFICE USE ONLY**

Application reviewed by: \_\_\_\_\_ Permit Number Assigned: \_\_\_\_\_

If you would like your permit number, please call us approximately seven (7) days after mailing this form. **No physical permit will be issued.**