



*City of
Encinitas*

Dear Current Resident or Business Owner,

From the Sheriff's False Alarm reports, your address has been identified as using a security alarm system. A further search in our Alarm System database shows that your address is not currently registered to use an alarm system within the City.

Per the City of Encinitas Municipal Code, Chapter 6.30, alarm system users are required to register with the City. Please complete the alarm system permit application (on the backside of this letter,) and return it in the envelope provided. Please include a one-time registration fee of \$18 (for a single alarm system) with your application. Make your check payable to the City of Encinitas.

Should you have any questions, you may contact me at me at (760) 633-2605.

Thank you,

Christine Baumann
Alarm System Permit Administrator
City Clerk's Office



City of
Encinitas

OFFICIAL USE

Received \$ _____
Date _____
Check # _____
Initials _____
ASP # _____

ALARM SYSTEM PERMIT APPLICATION

\$18 Single Alarm System
\$54 Double Alarm System
\$72 Multiple Alarm System

Make check payable to the CITY OF ENCINITAS & submit with completed application to the address below.

PLEASE PRINT.

APPLICANT'S
NAME: _____

Alarm System Installed at
ADDRESS: _____

MAILING
ADDRESS: _____

PHONE: (____) _____

FAX: (____) _____

IF ALARM IS INSTALLED AT A BUSINESS:

BUSINESS
NAME: _____

BUSINESS PHONE: (____) _____ Is Business Non-Profit Status? YES (exempt from fees)

ALARM INFO:

Name of Company: _____ PHONE: (____) _____

Number of Alarms: Single (\$18) Double (\$54) Multiple (\$72)

Type of Alarm Signal: Silent Audible Combination

CONTACT PERSONS Authorized to Respond to an Activated Alarm & Access the Premises:

NAME: _____ PHONE: (____) _____

NAME: _____ PHONE: (____) _____

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND & AGREE TO HAVE ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY US MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION, AND TO NOTIFY THE CITY OF ENCINITAS OF ANY CHANGE IN THE WRITTEN INFORMATION IN THE APPLICATION WITHIN TEN (10) DAYS OF THE DATE OF SUCH CHANGE.

Applicant's Signature _____ Date _____