



ACCOUNT NO. _____

SECURITY CO. B. L. NO. _____

BUSINESS LICENSE NO. _____

OFFICE USE ONLY

APPLICATION FOR
ALARM SYSTEM PERMIT

Deposit Only – Subject to Approval

CITY OF HAWTHORNE
4455 WEST 126th STREET, HAWTHORNE, CALIFORNIA 90250
TEL. (310) 349-2952

BUSINESS NAME (DBA) _____

BUSINESS ADDRESS _____ TELEPHONE NO. _____

CITY/STATE/ZIP _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

ABOVE FOR COMMERCIAL LOCATIONS IN HAWTHORNE ONLY

APPLICANT'S NAME:

FIRST _____ MIDDLE _____ LAST _____ TITLE _____

APPLICANT'S RESIDENCE ADDRESS AND TELEPHONE NUMBER:

NUMBER _____ STREET _____ CITY _____ ZIP _____ HOME PHONE _____

D. L. NUMBER _____ SOCIAL SECURITY NUMBER _____

EMERGENCY INFORMATION: Persons Available to Secure Premises on 24 Hour Basis

(*List in priority order as to being notified.)

*1. NAME _____ ADDRESS _____ (CITY, STATE, ZIP) _____ TELEPHONE (S) _____

*2. NAME _____ ADDRESS _____ (CITY, STATE, ZIP) _____ TELEPHONE (S) _____

INSURANCE CARRIER: (Business/Homeowners)

NAME _____ POLICY NUMBER _____

ADDRESS/CITY _____ TELEPHONE (S) _____

TYPE OF ALARM: SILENT [] AUDIBLE []

ALARM COMPANY:

NAME _____ STATE LICENSE NUMBER _____

ADDRESS/CITY _____ TELEPHONES(S) _____

APPLICANT'S SIGNATURE _____

DATE _____

ANNUAL PERMIT FEE - \$69.00 + APP FEE - \$56.00 = \$125.00 (Check Must Accompany Application)