ALARM PERMIT APPLICATION

Orland Police Department
817 Fourth Street
Orland CA 95963-1714

Date: _____

Physical Location of Alarm: _____

BUSINESS ALARM:

Business Name: _____

Business Address: _____

Business Mailing Address: _____

Business Phone Number:_____ Business Fax:_____

-OR -

RESIDENTIAL ALARM:

Last Name: _____ First Name: _____

Address: _____

Mailing address is different from above: _____

Home Phone : _____ Cell Phone: _____ Work Phone: _____

PERSON WHO WILL RESPOND IF ALARM IS ACTIVATED

(If business – local contact required)

(If residence – please list local contact other than person applying for permit

Name: _____ Phone: _____

Address: _____

Alarm Installation Company:

Name: _____ Phone: _____

Address: _____

Alarm Monitoring Company:

Name: _____ **Phone:** _____

Address: _____

Alarm System:

Manufacturer: _____ Date Installed: _____

Model Number: _____

Failure to provide complete information will result in a denial of this application.

Orland City Municipal Code Section 8.38

For complete copy of Burglary & Robbery Alarm Procedures visit city website @ www.cityoforland.com