

MARYSVILLE POLICE DEPARTMENT  
316 6th Street - Marysville, CA 95901

**BURGLARY/ROBBERY ALARM PERMIT APPLICATION**  
(For alarms located within the City of Marysville only)

The requested permit is for a:  Business  Residence

BUSINESS OR HOME OWNER NAME \_\_\_\_\_

ADDRESS (where the alarm is located): \_\_\_\_\_

HOMEOWNER OR MANAGER: \_\_\_\_\_

(Name of responsible person for Residence or Business)

TELEPHONE #: \_\_\_\_\_

(Number to Residence or Business)

**ALARM INFORMATION:**

**TYPE OF ALARM:** Check all of the boxes appropriate to your alarm system. *At least two boxes should be checked; one for the type of protection (burglar or robbery) and one for the method generated (audible or silent):*

- Burglary - when no one is home  Robbery - "panic button"  
 Silent - a non-audible signal received at a monitoring station OR  Audible - an audible alarm warning

Name of Alarm Company \_\_\_\_\_

Phone Number for Alarm Company \_\_\_\_\_

**LIST RESPONSIBLE PERSON(S) WHO WILL RESPOND TO AN ALARM** in order of preferred contact:

<u>NAME</u>	<u>ADDRESS &amp; CITY</u>	<u>PHONE NUMBER</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PLEASE READ AND INITIAL ALL SECTIONS OF THE "**NOTICE TO ALARM PERMIT APPLICANTS**" ON THE FOLLOWING PAGE OF THIS APPLICATION. BE SURE TO COMPLETE, SIGN AND INITIAL THIS APPLICATION IN ALL AREAS, OR IT WILL BE RETURNED TO APPLICANT FOR COMPLETION, WHICH WILL RESULT IN A DELAY IN RECEIVING YOUR PERMIT FOR USE.

**-- FOR DEPARTMENT USE ONLY--**

Application Date: \_\_\_\_\_ Permit # \_\_\_\_\_ [ ] New  
[ ] Renewal  
Expiration date: 6-30-\_\_\_\_\_ /or/ 12-31-\_\_\_\_\_ [ ] Fee Paid

**NOTICE TO ALARM PERMIT APPLICANTS**

Marysville Municipal Code 5.50 regulates burglary and robbery alarms, authorizes imposition of permit fees and establishes fees for false alarms.

Every person who has a burglary and/or robbery alarm system must file an application for, and receive a permit from the Chief of Police. **The fee for the permit is forty dollars (\$40.00), and is valid for one year.**

**Restrictions and regulations of the permit area as follows:**

1. The permit shall be issued to the person who is legally in possession of the property protected by the alarm and the permit must be displayed on the premises of the protected property. (initials: \_\_\_\_)
2. The permit cannot be transferred without the written consent of the Chief of Police. (initials: \_\_\_\_)
3. The permit may be revoked for any violation of MMC 5.50, when the alarm activates 10 false alarms within a fiscal year or for failure to pay a service fee within 60 days of billing. (initials: \_\_\_\_)
4. The permittee shall be charged a service fee for any false alarm which the Police Department responds to within a fiscal year (July through June), at a rate of **\$50.00 for the first false alarm, \$100 for the second false alarm, and \$150.00 for each false alarm thereafter. Unless granted a waiver for the first false alarm as outlined in Marysville Municipal Code 5.50 and Fee Schedule.** (initials: \_\_\_\_)
5. Audible alarms must have an automatic shut-off that deactivates the sound after 30 minutes. (initials: \_\_\_\_)
6. Alarms which emit a siren sound or automatically dial the Police Department or telephone company are not permitted. (initials: \_\_\_\_)
7. Alarm permits are subject to reasonable conditions imposed by the Chief of Police. (initials: \_\_\_\_)
8. **Permittee must immediately notify the Police Department of any changes in information contained within the application which occurs after issuance of the permit.** (initials: \_\_\_\_)

*I, the applicant for an alarm permit, have read and understand the aforementioned restrictions, regulations and possible fees associated with a burglary and/or robbery alarm system.*

\_\_\_\_\_  
(Applicant's signature)                      (date)

<b><u>ALARM CERTIFICATION; for new applications or new alarm systems only</u></b>	
NAME OF ALARM SERVICING COMPANY: _____	
I hereby certify that I have inspected the alarm system for which this application applies and have found it to be free from defects. This alarm is in conformance with the requirements of Marysville Municipal Code Section 5.50.120.	
NAME OF ALARM TECHNICIAN _____	DATE: _____
SIGNATURE OF TECHNICIAN _____	