



**CITY OF MERCED**

**ALARM PERMIT**

**New Permit**

**Update**

**FOR OFFICE USE ONLY**

Permit  
Number: \_\_\_\_\_

Date  
Received: \_\_\_\_\_

By: \_\_\_\_\_

**MERCED POLICE DEPARTMENT**

ATTN: Alarms  
611 W 22nd Street  
Merced, CA 95340  
(209) 385-6912  
www.alarms@cityofmerced.org

**Please Note:**

There is no charge to file the Alarm Permit, however you may be billed for **not** having an Alarm Permit on file.

Alarm billing is governed by Merced Municipal Code (MMC) Section 8.28.

**ALARM ADDRESS:**

*Please COMPLETELY Fill Out This Form*

Name Of Person Responsible For Alarm:		Social Security or (last 4 minimum and DOB):
Name Of Business (If Applicable):		
Address:		<input type="checkbox"/> Residence <input type="checkbox"/> Apt #: _____ <input type="checkbox"/> Business <input type="checkbox"/> Ste #: _____
Zip Code:    953 _____	Phone Number:	Alternate Phone Number: (If Available)
How Long Have You Been At This Address?	Do You Currently Have An Alarm Permit On File With Merced PD? <input type="checkbox"/> Yes # _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure	

**MAILING ADDRESS:** (If Different From Above)

Address Or P.O. Box:			
City:	State:	Zip Code:	Phone Number:

**EMERGENCY CALL LIST:** Please list at least two people who can respond to your alarm within 20 minutes, with a key to the building and the alarm code. If additional please use separate sheet.

NAME	DAY PHONE	NIGHT PHONE
_____	_____	_____
_____	_____	_____

**TYPE OF ALARM:**  
(Check All That Apply)

- Audible                       Panic or Duress  
 Silent

**ALARM COMPANY MONITORING ALARM:**

Name:	Phone Number:
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**Applicant Acknowledgement:**

Date:

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