



# City of Bell

## Alarm Permit Application

6330 Pine Avenue, Bell, CA 90201 (323) 588-6211 Fax (323) 771-9473

Please Check One:  New Alarm Permit  
 Alarm Permit Renewal

### Alarm Location Information

Name of Business or Residence:	Today's Date:
Location Address Where Alarm is to be Installed:	Location Telephone:
Business License Number (If applicable)	Alternative Telephone:

### Property Owner Contact Information

Name:	Telephone:
Address:	Alternative Telephone:
Property Square Footage:	Monthly Rent Amount:

### Alarm Company Information

Company's Name	Telephone:
Address:	E-mail:
Type of Alarm: (Check All that Apply)	
<input type="checkbox"/> Fire	<input type="checkbox"/> Silent
<input type="checkbox"/> Burglar	<input type="checkbox"/> Audible
<input type="checkbox"/> Robbery/Panic	<input type="checkbox"/> Other _____

### Party Responsible To Secure The Premises During Any Hour Of The Day Or Night:

1) Name:	Telephone:
Address:	Alternative Telephone:
2) Name:	Telephone:
Address:	Alternative Telephone:

I declare under penalty of perjury that the above supplied information is true and correct.

Applicant's  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Staff Use Only</b>	
Approved By: _____	Date _____
Receipt #: _____	