



Please complete the application online at [www.fremontpolice.org](http://www.fremontpolice.org) OR

**Mail application with payment to:  
Fremont Police Department Attn:  
Alarm Officer  
P.O. Box 5007  
Fremont, CA 94537-5007**

OFFICE USE ONLY
Permit _____
Date Issued _____
Amount Paid _____
New ____ Renewal ____ Change ____

### City of Fremont Alarm Permit Application

1. Resident Name/Business Name \_\_\_\_\_
2. Business Owner (if applicable) \_\_\_\_\_
3. Address of Alarmed Location \_\_\_\_\_
4. Phone Number at Alarmed Location \_\_\_\_\_
5. Mailing Address \_\_\_\_\_ Attn: \_\_\_\_\_
6. City, State, Zip Code \_\_\_\_\_
7. Alarm Company \_\_\_\_\_ Alarm Company Phone \_\_\_\_\_
8. You **must list at least three persons**, other than yourself, who will respond, **within 35 minutes**, in the event of an alarm. These persons must also have a key to the premises and be able to reset a malfunctioning alarm and secure the premises.

<i>Name</i>	<i>Day Phone</i>	<i>Evening Phone</i>	<i>Other</i>
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

Date: \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**• Please be advised that as of April 1, 2017, the City will no longer issue alarm stickers or permit payment acknowledgements. Please accept your canceled check or credit card statement as your receipt and proof of payment. Your permit is valid for 2 years from the date on your renewal notice.**

*You must enclose a \$40.00 permit fee with the Application.  
Make checks payable to: City of Fremont  
Keep a copy for your records.*

*For questions, please call 510-790-6755 or visit our website at [www.fremontpolice.org](http://www.fremontpolice.org).*