



UNION CITY POLICE DEPARTMENT

Please mail application to:

Union City Police Department
Attn: Alarm Officer
34009 Alvarado Niles Road
Union City, CA 94587

CITY OF UNION CITY ALARM PERMIT APPLICATION

1. Name of Alarm Company _____
2. Alarm Company Phone Number _____
3. Alarm Subscriber: Business or Resident's Name: _____
4. Address of Alarmed Location _____
5. Phone Number of Alarmed Location _____
6. Please list three persons (if possible) who will respond, within 30 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.

Name

Night Phone

Cell Phone

A. _____

B. _____

C. _____

Signature of Applicant

Date

Upon Approval, a sticker with your permit number will be issued to you **and** must be posted and visible at the main entrance to your home or business.

You must enclose a \$39.00 (initial registration) permit fee or \$17.00 (annual renewal) permit fee with the application.

Make Check Payable to: City of Union City