CITY OF GLENDORA
Alarm Permit Coordinator
150 S. Glendora Ave. Glendora, CA. 91741-3498
Lisa G. Rosales, Chief of Police

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Please complete and sign this form and return it along with your payment.

ALARM TYPE: ☐ Burglar ☐ Medical/Fire ☐ Other ☐ Panic ☐ Robbery

LOCATION -		**RESPONSIBLE PARTY**	
NAME (LAST, FIRST OR BUSINESS NAME)		LAST, FIRST	
STR # STREET NAME APT/SUITE	eMAIL ADDRESS	STR # STREET NAME APT/SUITE	eMAIL ADDRESS
CITY, STATE ZIP		CITY, STATE ZIP	
Ph1	Ph2	Ph1 Ph2	
PHONE 1	PHONE 2	PHONE 1-2	

CONTACT PERSON 1		**CONTACT PERSON 2**	
NAME (LAST, FIRST)		NAME (LAST, FIRST)	
STR # STREET NAME APT/SUITE	eMAIL ADDRESS	STR # STREET NAME APT/SUITE	eMAIL ADDRESS
CITY, STATE ZIP Ph1 Ph2		CITY, STATE ZIP Ph1 Ph2	
PHONE 1-2		PHONE 1-2	

SPECIAL CONDITIONS

MONITORED BY			
COMPANY NAME		COMPANY NAME	
ADDRESS (STR # STREET NAME APT/SUITE		ADDRESS (STR # STREET NAME APT/SUITE	
CITY, STATE ZIP		CITY, STATE ZIP	
PHONE 1	PHONE 2	PHONE 1	PHONE 2

_____ _____
APPLICANT'S SIGNATURE DATE

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Rec'd by:_____Date:_____Fee Paid:_____Ck. Number:_____Date Mailed:_____