



ACCOUNT NO. _____

SECURITY CO. B. L. NO. _____

BUSINESS LICENSE NO. _____

OFFICE USE ONLY

APPLICATION FOR
ALARM SYSTEM PERMIT

RESIDENTIAL

Deposit Only – Subject to Approval

CITY OF HAWTHORNE

4455 WEST 126th STREET, HAWTHORNE, CALIFORNIA 90250

TEL. (310) 349-2935

APPLICANT'S NAME:

FIRST MIDDLE LAST TITLE

APPLICANT'S RESIDENCE ADDRESS AND TELEPHONE NUMBER:

NUMBER STREET CITY ZIP HOME PHONE

DATE OF BIRTH _____ DRIVER LICENSE NUMBER _____

EMERGENCY INFORMATION: Persons Available to Secure Premises on 24 Hour Basis

(*List in priority order as to being notified.)

*1. _____
NAME ADDRESS (CITY, STATE, ZIP) TELEPHONE (S)

*2. _____
NAME ADDRESS (CITY, STATE, ZIP) TELEPHONE (S)

INSURANCE CARRIER: (Business/Homeowners)

NAME POLICY NUMBER

ADDRESS/CITY TELEPHONE (S)

TYPE OF ALARM: SILENT [] AUDIBLE []

ALARM COMPANY:

NAME STATE LICENSE NUMBER

ADDRESS/CITY TELEPHONES(S)

APPLICANT'S SIGNATURE

DATE

ANNUAL PERMIT FEE - \$69.00 (Check Must Accompany Application) ... Please note: permit expires annually on June 30th

Alarm Permit Exemption Requirements (the exemption application is subject to approval w/valid proof of age or disability)

You may be exempt for your personal residence if:

- 1. a) You are 62 years of age or older

or

b) Your total household income does not exceed the limits for "Low Income" set by the U.S. Dept. of Housing and Urban Development (HUD).

- 2. You are a resident of the City of Hawthorne who meets the criteria of disability as established by the Social Security Administration's Supplemental Security Income Program for the aged, blind and disabled (Title XLII of the Social Security Act as amended, and meets the "Low Income" set by HUD.