



**CITY OF REDDING**  
 777 CYPRESS AVENUE, REDDING, CA 96001  
 P.O. Box 496071, REDDING, CA 96049-6071

**City Use Only**

New Update Renew  
 Permit No: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Last Update: \_\_\_\_\_

POLICE DEPARTMENT  
 Bill Schueller, Chief of Police  
 530.225.4200  
 530.225.4553 FAX

## Alarm System Permit Application

**IMPORTANT: PLEASE PRINT in black or blue ink. Any application which is incomplete, illegible, or is on another form will be returned without a permit being issued. No photo copies or faxed applications accepted. Please call if you need an application.**

TYPE OF ALARM  **Burglary** - Silent or Audible  **Robbery** - Silent or Audible  **Panic** - Silent or Audible  **Fire** - Silent or Audible  
 **Medical** - Silent or Audible  **Other** - Explain: \_\_\_\_\_

**Alarm System for (complete one box):**

**Business:** Name of Business: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Suite # **9600**  
 Hours of Operation: Monday-Friday: \_\_\_\_\_ - \_\_\_\_\_ Saturday \_\_\_\_\_ - \_\_\_\_\_ Sunday: \_\_\_\_\_ - \_\_\_\_\_  
 Closed for lunch? Yes No If Yes, time: \_\_\_\_\_ - \_\_\_\_\_  
 Telephone #: **(530)** \_\_\_\_\_ Email: \_\_\_\_\_

**Residence:** Name of occupant(s): Last: \_\_\_\_\_ First \_\_\_\_\_  
 Last: \_\_\_\_\_ First \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ **9600**  
 Telephone #: **(530)** \_\_\_\_\_ Email: \_\_\_\_\_

**Mailing Address:** (required if different from above) \_\_\_\_\_  
 Attention: \_\_\_\_\_

**Emergency Contact List:**

*\*\*\* At least two subjects who will respond to this location within 30 minutes and have access to the alarm system \*\*\**

1st _____ (Last name, First name)	Phone 1: _____ (Check one) Business Cell Home Pager	Phone 2: _____ Business Cell Home Pager
2nd _____ (Last name, First name)	Phone 1: _____ (Check one) Business Cell Home Pager	Phone 2: _____ Business Cell Home Pager
3rd _____ (Last name, First name)	Phone 1: _____ (Check one) Business Cell Home Pager	Phone 2: _____ Business Cell Home Pager

*(Continued on back)*

**Alarm Company:** \_\_\_\_\_

Attention: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Monitored By:**  SAME AS ABOVE \_\_\_\_\_

Attention: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

By signing this application for an alarm system permit with the City of Redding, I declare under penalty of perjury that I am aware of Redding Municipal Code Chapter 9.38, and am familiar with its requirements and its penalties. In summation, I declare that I am aware that:

- **A permit must be obtained for every Burglary/Robbery alarm system installed within the boundaries of the Redding city limits.**
- It is the responsibility of the permit holder to notify the Redding Police Department of any modifications (change in mailing address, system removal, change to the Emergency Contact List, etc.) necessary to keep an issued permit current.
- Each permit is valid until:
  - ownership of the premises changes, or
  - the alarm system user changes location/moves, or
  - alarm company/monitor changes, or
  - the permit is revoked by the City of Redding.
- **A false alarm is any alarm where it is determined that no emergency was present.** It is up to the alarm system permit holder to contact the False Alarm Reduction Coordinator with any information regarding mechanical problems or other extenuating circumstances which the responding officer(s) may not be aware of.
- **The City of Redding shall impose fees upon any alarm system user whose system generates more than three false alarms within a 365-day period.**
- **Any alarm system user whose system generates 15 or more false alarms within a 365-day period will be subject to fees and permit revocation.** This means that unless there is a separate indication that a crime is in progress, the Redding Police Department may refuse to respond to future false alarms from such location.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The City of Redding and the Redding Police Department are dedicated to providing more effective police protection by reducing the number of false alarm calls for service. With fewer false alarms, our officers are available to address real emergency situations in a timelier manner. Any questions or concerns regarding alarm systems and/or Municipal Code Chapter 9.38 should be directed to the Redding Police Department False Alarm Reduction Coordinator at (530) 225-4228. Or, visit the Redding Police Department website at [www.reddingpolice.org](http://www.reddingpolice.org) and click on **False Alarm Reduction Program**.

**Please return completed application to:** **Redding Police Department**  
**Attn: False Alarm Reduction Coordinator**  
**777 Cypress Avenue**  
**Redding, CA 96001**