

## **ALARM SYSTEM PERMIT**

To obtain an alarm system permit, complete the enclosed application and mail with a \$98.00 check, payable to the City of Torrance:

**City of Torrance  
Revenue Division  
3031 Torrance Blvd  
Torrance, CA 90503**

Please complete PART III for EMERGENCY information.  
For a RESIDENCE complete PART I or for a BUSINESS complete PART II.

No alarm system permit fee shall be charged for issuance of a permit for a residence where the applicant is sixty-five (65) years of age, or older, or physically disabled and who resides at the location for which the permit is requested.



City of Torrance, Finance Department, Business License  
**Application for Alarm System Permit**

3031 Torrance Boulevard, Torrance, California 90503 • 310/618-5828

Date: \_\_\_\_\_

**PART I**

**Resident Alarm:**

LAST NAME

FIRST NAME

(\_\_\_\_) \_\_\_\_\_

PHONE

ADDRESS

CITY

ZIP CODE

DATE OF BIRTH

DRIVER'S LICENSE NO.

**PART II**

**Business Alarm:**

BUSINESS NAME (NOT APPLICABLE IF RESIDENT)

(\_\_\_\_) \_\_\_\_\_

BUSINESS PHONE

BUSINESS ADDRESS

CITY

ZIP CODE

BUSINESS OWNER

(\_\_\_\_) \_\_\_\_\_

HOME PHONE

OWNER HOME ADDRESS

DRIVER'S LICENSE NO.

**PART III**

**Emergency Information**

(List persons who may secure premises on a 24-hour basis)

NAME

(\_\_\_\_) \_\_\_\_\_

PHONE

ADDRESS

CITY

ZIP CODE

NAME

(\_\_\_\_) \_\_\_\_\_

PHONE

ADDRESS

CITY

ZIP CODE

NAME

(\_\_\_\_) \_\_\_\_\_

PHONE

ADDRESS

CITY

ZIP CODE

Type of Alarm: (Armed robbery, burglary, etc.) \_\_\_\_\_

Alarm: (Silent, and/or audible) \_\_\_\_\_

Area Protected: (Windows, doors, safe, etc.) \_\_\_\_\_

Alarm Company:

NAME (CORPORATE AND BUSINESS NAME) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

WHITE-Business License

YELLOW-Police

PINK-Customer Copy

DO NOT WRITE ABOVE THIS LINE—OFFICIAL USE ONLY

NAME

BY

AWT

DATE

PERMIT #