



Eureka Police Department
604 C Street • Eureka, California 95501
(707) 441-4060
www.eurekapd.net

Dear Alarm Owner,

Pursuant to the City of Eureka Ordinance 684-C.S., passed 2-2-05; Am. Ord. 854-C.S., passed 4-18-17, alarm owners in the City of Eureka must obtain an alarm permit and are required to maintain and operate their alarm system in a manner which will reduce or eliminate false alarms. Failure to obtain a permit is a violation of Eureka Municipal Code 32.35-56, with penalties up to and including a misdemeanor violation.

All information on the alarm permit is kept confidential and will assist the Eureka Police Department in contacting you or the person you designate, in the event your alarm is activated.

The fee for an alarm permit is \$20 and must be renewed at the beginning of each calendar year. Payments can be made through our alarm website or certified checks, money orders, or cashier's checks can be made payable to "City of Eureka" and mailed to: PO Box 11370, Santa Ana, CA 92711-1370.

Please refer to our website at <http://fams.wincitex.com/City/eureka> for additional information including FAQs, the complete City alarm ordinance, the City Fee Schedule, and preventative ways to eliminate false alarms.

Thank you,

A handwritten signature in black ink that reads "PT Jarvis".

Todd Jarvis
Chief of Police



**PO Box 11370
Santa Ana, CA 92711-1370**

CITY OF EUREKA
APPLICATION FOR ALARM PERMIT

When completed submit via online or mail to: PO Box 11370 Santa Ana, CA 92711-1370	<input type="checkbox"/> Business <input type="checkbox"/> Residential <input type="checkbox"/> City <input type="checkbox"/> County or State <input type="checkbox"/> Federal	<i>Official Use Only</i> <input type="checkbox"/> New Alarm <input type="checkbox"/> Renewal
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ALARM LOCATION

LOCATION		
Business Name -or- Resident's Name (Last name, First name)		
Street #	Street Name	Apt/Suite
City, State, Zip		
Direct Phone (If business, no automated systems/phone trees if possible)		

RESPONSIBLE PARTY		
Name (Last name, First name)		Date of Birth
Street #	Street Name	Apt/Suite
City, State, Zip		
Home Phone	Work Phone	Cellular Phone



CONTACTS

CONTACT

Name (Last name, First name)

Date of Birth

Street #

Street Name

Apt/Suite

City, State, Zip

Home Phone

Work Phone

Cellular Phone

CONTACT

Name (Last name, First name)

Date of Birth

Street #

Street Name

Apt/Suite

City, State, Zip

Home Phone

Work Phone

Cellular Phone

CONTACT

Name (Last name, First name)

Date of Birth

Street #

Street Name

Apt/Suite

City, State, Zip

Home Phone

Work Phone

Cellular Phone

ALARM COMPANY INFORMATION

MONITORED BY

Company Name

Street # Street Name Apt/Suite

City, State, Zip

Primary Phone

Alternate Phone

SERVICED BY ☐ SAME AS ABOVE

Company Name

Street # Street Name Apt/Suite

City, State, Zip

Primary Phone

Alternate Phone

ALARM INFORMATION

CONNECTION

- ☐ Monitored
☐ Non-Monitored

LOCAL SOUND

- ☐ Silent
☐ Audible

RESET

- ☐ Automatic
☐ Manual

ALARM TYPE

- ☐ Burglar
☐ Panic
☐ Panic Silent
☐ Robbery
☐ Robbery Silent
☐ Fire
☐ Other

HAZARDS OR OTHER INFORMATION

