



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, appearing to read "B. Stephens".

Brian Stephens
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 <input type="checkbox"/> SAME AS ABOVE		

Company Name		

Street #	Street Name	Apt/Suite

City, State, Zip		

Primary Phone	Alternate Phone	
_____	_____	

ALARM INFORMATION

CONNECTION <input type="checkbox"/> Monitored <input type="checkbox"/> Non-Monitored	LOCAL SOUND <input type="checkbox"/> Silent <input type="checkbox"/> Audible	RESET <input type="checkbox"/> Automatic <input type="checkbox"/> Manual	ALARM TYPE <input type="checkbox"/> Burglar <input type="checkbox"/> Panic <input type="checkbox"/> Panic Silent <input type="checkbox"/> Robbery <input type="checkbox"/> Robbery Silent <input type="checkbox"/> Fire <input type="checkbox"/> Other
HAZARDS OR OTHER INFORMATION _____ _____ _____			

