CITY OF LA HABRA

POLICE DEPARTMENT

Alarm Permit Application

LA HABRA, CA. 90631 *Permit#* *For office use only*

Resident/Business Name:				
Address:				
Telephone Number at Alarm Location				
Owner's Name, if different than above:				
Home / Cellular / Work Telephone Number ( ) ( ) ( )				
Emergency Contacts	(Provide at least two)			
Name		**Telephone with area code**		
Alarm Type **Circle all that apply**	Police	Audible	Silent	Fire
	Burglary	Robbery	Panic	Medical
Alarm Company:	Address			Telephone Number
APPLICANT'S SIGNATURE				**DATE**

Please remit Check or Money Order in the amount of $36.00 to:

La Habra Police - Communications
150 N Euclid St.
La Habra , CA 90631