City of San Clemente
ALARM PERMIT APPLICATION

RESIDENTIAL/COMMERCIAL ALARM

ALARM APPLICANT’S NAME: ________________________________

BUSINESS NAME (If Applicable): ________________________________

ALARM ADDRESS: ____________________________________________

_____________________________________________________________ ZIP: ________________

BILLING ADDRESS (If different from above): ________________________________

_____________________________________________________________ ZIP: ________________

APPLICANT’S PHONE#: __________________________________________

ALARM COMPANY: ___________________________ PHONE#: __________________________

RETURN APPLICATION WITH $40.00 FEE TO: CITY OF SAN CLEMENTE
910 CALLE NEGOCIO
SAN CLEMENTE, CA 92673

(Office Use Only) Alarm# ____________
Expires ______________

NO ALARM PERMIT WILL BE PROCESSED UNLESS ALL OF THE NECESSARY INFORMATION HAS BEEN PROVIDED AND THE PROPER FEE PAID.