



PERMIT # _____

VENTURA POLICE DEPARTMENT ALARM PERMIT APPLICATION

PLEASE type or print clearly all information.
Return this form, along with payment, to the Alarm Coordinator at the address below.

ALARM LOCATION:

Number _____ Street Name _____ Unit/Suite/Apt. _____ Zip _____

Business Name: _____

or

Residence Name: _____

Daytime Phone: _____ Evening Phone: _____

Alternate / Emergency Name & Phone: _____

E-MAIL ADDRESS: _____

BILLING ADDRESS/CONTACT NAME AND NUMBER, IF DIFFERENT FROM ABOVE:

ALARM COMPANY: _____ ALARM COMPANY PHONE: _____

I CERTIFY THAT I HAVE RECEIVED, READ AND UNDERSTAND AN EXTRACT COPY OF CITY OF SAN BUENAVENTURA ORDINANCE CODE CHAPTER 6.350, THAT THE ALARM INSTALLED MEETS THE REQUIREMENTS OF SECTION 6.350.130, THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS CORRECT, AND THAT I WILL NOTIFY THE VENTURA POLICE DEPARTMENT, IN WRITING, WITHIN 10 DAYS OF ANY CHANGE TO THAT INFORMATION. IF PAYING BY CREDIT CARD, YOUR SIGNATURE AUTHORIZES THE ALARM PERMIT FEE TO BE CHARGED TO YOUR CREDIT CARD.

(Signature of Permit Applicant)

Date

(Printed Name)

(Date of Birth)

SENIORS, 60 YEARS AND OLDER, PAY A
REDUCED FEE FOR RESIDENTIAL VIOLATIONS

PAYMENT: \$50.00 ** (ONE-TIME)	<input type="checkbox"/> CHECK ENCLOSED	<input type="checkbox"/> CREDIT CARD – MC / VISA ONLY
MAKE CHECK PAYABLE TO THE “ VENTURA POLICE DEPARTMENT ”		<input type="checkbox"/> REQUEST MAILED RECEIPT
NAME ON CARD: _____		3 DIGIT SECURITY CODE : _____
CARD NUMBER: _____		EXPIRATION MO / YR: _____

**IF YOU WISH TO PAY CASH, PAYMENTS ARE ACCEPTED AT THE VENTURA POLICE DEPARTMENT, MONDAY-THURSDAY, DURING NORMAL BUSINESS HOURS.

VENTURA POLICE DEPARTMENT – ALARM COORDINATOR, (805) 339-4459
1425 DOWELL DR. VENTURA, CA 93003
avbrunk@venturapd.org (IF PAYING BY CREDIT CARD ONLY)