

**BUTTE COUNTY SHERIFF'S OFFICE**  
**33 COUNTY CENTER DRIVE**  
**OROVILLE, CA. 95965 (530) 538-7321**

**ALARM USER**  
**PERMIT APPLICATION**  
Please typewrite or print clearly

**ALARM USER'S NAME**

1. **OR**

**NAME OF BUSINESS:** \_\_\_\_\_

2. **ADDRESS OF ALARMED PREMISE:** \_\_\_\_\_  
**Number Street City Zip**

**MAILING ADDRESS IF DIFFERENT:** \_\_\_\_\_

3. **PHONE # OF ALARMED PREMISE:** ( ) \_\_\_\_\_

4. **TYPE OF ALARM:**  **AUDIBLE**  **SILENT**  **BOTH**

5. **INDIVIDUAL TO CONTACT IN EVENT OF AN ALARM - (Name and telephone number)**

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

6. **ALARM CO. NAME:** \_\_\_\_\_ **24 HR. PHONE # ( )** \_\_\_\_\_

7. **TYPE OF BUILDING:**  **SINGLE FAMILY RESIDENCE**  **BUSINESS**  **APARTMENT**

8. **SPECIAL INSTRUCTIONS TO ASSIST DEPUTIES IN SEARCHING PREMISE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE!** The permit fee is \$66.00 and is valid for 3 years.

**Residential alarm users over the age of 65 years are exempt from the permit fee.**  
**If you qualify for this exemption, check this box:**

I certify that the information above is true and correct.

\_\_\_\_\_  
**Signature of alarm applicant**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE**

**DATE CHECK RECEIVED:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_ **PROCESSED BY:** \_\_\_\_\_

**PERMIT NUMBER:** \_\_\_\_\_ **DATE ISSUED:** \_\_\_\_\_ **DATE EXPIRES:** \_\_\_\_\_