

CITY OF LAGUNA BEACH

505 Forest Avenue

Laguna Beach, CA 92651

Phone (949) 497-0306 Fax (949) 497-0775

For Police Department Use

Permit # _____

Expiration Date _____

Date Issued _____

Permit Fee _____

BURGLARY ALARM SYSTEM PERMIT APPLICATION

	Mailing Address (if different from address at left) Name _____ Address _____ City/State/Zip Code _____
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Location is Residence Business

Applicant is Alarm System's Owner Alarm Owner's Representative Tenant

Alarm Address (where it is installed)		Owner Information (if different from address at left)	
Name	Street Address	Name	Home Address
Phone # at Alarm Location	Home Phone #	City/State/Zip	Home Phone #
Home Phone #	Cell Phone #	Cell Phone #	Cell Phone #
Cell Phone #	Work Phone Number	Work Phone Number	Work Phone Number

Alarm Company Information		Alternate Contacts In Case of Alarm Activation	
Name	Street Address	Contact #1 Name	Contact #1 Phone / Cell Number(s)
City/State/Zip	Phone #	Contact #2 Name	Contact #2 Phone / Cell Number(s)

I, _____ AGREE to release, discharge, and hold harmless the City of Laguna Beach, its employees, officers, and agents (hereinafter "City") as to any and all obligations, liabilities, claims, or losses occurring as a result of the operation or non-operation of the alarm system that is the subject of this permit, which damage or injury would not have occurred but for the operation or non-operation of the alarm system. I FURTHER AGREE, to indemnify, hold harmless, and defend the City from and against any and all obligations, liabilities, claims or losses for damages or injuries to third persons or their property (real or personal) occurring as a proximate result of the operation or non-operation of the alarm system and arising from the sole negligence or willful misconduct of the Applicant..

Alarm Owner Signature: _____ **Date:** _____

Please sign above and mail or carry this to the Police Department. Unsigned applications will not be accepted.
LBPD M-31 (Revised 11/2012)