CITY OF MALIBU

Alarm Permit Application

23825 Stuart Ranch Road – Malibu, CA 90265-4861
Phone (310) 456-2489, ext. 234 Fax (310) 456-0339

Check one: ☐ New Application - $83.00 ☐ Information change

Date:_____

FOR RESIDENTIAL ALARM SYSTEM:

Owners Name:_____Telephone: _____

Residence Address: _____

Mailing address (if different from above)_____

If rented/leased occupants name:_____Telephone: _____

FOR BUSINESS ALARM SYSTEM:

Business name:_____Telephone:_____

Address:_____

Owners name:_____Business License #_____

Owner's mailing address:_____Telephone:_____

Manager:_____ Telephone:_____

RESIDENTIAL/BUSINESS EMERGENCY CONTACT INFORMATION:
(Persons who can respond to secure location on a 24-hour basis)

1.Name:_____Telephone:_____

2.Name:_____Telephone:_____

3.Name:_____ Telephone:_____

ALARM COMPANY INFORMATION:

Type of alarm system: ☐ Audible/bell ☐ Monitored/silent ☐ Panic/robbery ☐ Response ☐ Other

Alarm Company Name: _____Telephone: _____

Address: _____

Monitoring Company (if different): _____

Central Station Telephone:_____

Who installed the alarm system on the premises:_____

I have read a copy of Chapter 8.08 of the Malibu Municipal Code:_____(Initial)
Resident/Business Owner - Please fill out and return with payment to the City of Malibu

Pursuant to the Public Records Act, this information is confidential except for law enforcement purposes