



CITY OF CARSON
REVENUE DIVISION

Account # _____

701 E. CARSON STREET, CARSON, CA 90745
PHONE: (310) 952-1748 • FAX (310) 830-8023
EMAIL: revenue@carson.ca.us • WEBSITE: ci.carson.ca.us

ALARM SYSTEM PERMIT APPLICATION

Applicant Information

Fee: \$35.00

Applicant Name _____

Property Address _____

Phone # _____

Mailing Address _____

(if different) _____

Driver's License # _____ Social Security # _____

Date of Birth _____

OFFICE USE ONLY. DOB verified by:

Please note: The initial application fee is required for all permits. However, senior citizens (age 60 or older) and disabled persons shall be exempt from the annual renewal fee for a residential alarm permit. Proof of age (state driver's license or ID) or disability (doctor's certification or DMV placard ID card) and responsibility for the alarm system (billing statement from your alarm company) must be verified by Revenue Division staff prior to granting the exemption.

This alarm system permit application is for Residential Business

Does the alarm system call a central monitor/alarm company? Yes No

Is it an audible alarm? Does it ring outside when activated? Yes No

Alarm Company Information

Company Name _____

Address _____

Phone # _____

Emergency Contact Information (persons able to access premises)

Name _____ Phone # _____

Name _____ Phone # _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature _____ Date _____

Payment Date _____ Receipt # _____ By _____