



The City of Brea Police Department

1 CIVIC CENTER CIRCLE, BREA, CA 92821-5732

714-990-7625

www.breapolice.net

RESIDENTIAL ALARM PERMIT APPLICATION

Please indicate: New Permit Renewal (Permit # _____)

Name		Residence Phone
Residence Address		
Mailing Address (If different from Residence Address)		
Business Phone	Cell Phone	
Contact Person		
Home Phone	Business Phone	Cell Phone
Alarm Company	Phone	
Additional Information		
Are there any weapons located at the residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any pets at the residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone at the residence have any medical conditions or disabilities?		
What types of vehicles should be at the residence (parked in the driveway or in the garage)?		
Please list any outside service companies used at the location (gardener, pool service, housecleaners):		
Applicant Signature		Date

The fee for a residential alarm permit is \$25 for the fiscal year. Please make checks payable to the City of Brea or if paying by credit card complete the information below. You may return completed forms by mailing or faxing to the information above. You may also visit our website at www.cityofbrea.net for additional information.
Type of Card: _____ Account No: _____ Exp. Date: _____

Cardholder Signature: _____
I authorize the \$25 fee to be charged to my card.

FOR DEPARTMENT USE ONLY

Permit #: _____ Paid by: Check # _____ Date Paid: _____
 Credit Card # _____
 Cash



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COMMERCIAL ALARM PERMIT APPLICATION

Please indicate: New Permit Renewal (Permit # _____)

Business Name		Business Phone
Business Address		Type of Business
Business Phone	Cell Phone	
Contact Person		
Home Phone	Business Phone	Cell Phone
Alarm Company		Phone
Additional Information		
Are there any weapons located at the business?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any pets at the business?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any hazardous materials stored or maintained at the business? If so, what type(s)?		
Please list any outside service companies used at the location (gardener, cleaning crew, deliveries):		
Applicant Signature		Date

The fee for a commercial alarm permit is \$50 for the fiscal year. Please make checks payable to the City of Brea or if paying by credit card complete the information below. You may return completed forms by mail or fax to 714-990-7641. You may also visit our website at www.cityofbrea.net for additional information.

Type of Card: _____
Account No: _____ Exp. Date: _____

Cardholder Signature: _____
I authorize the \$50 fee to be charged to my card.

FOR DEPARTMENT USE ONLY

Permit #: _____ Paid by: Check # _____ Date Paid: _____
 Credit Card # _____
 Cash