

UNIVERSAL CITY ALARM SYSTEM APPLICATION/PERMIT

NAME OF APPLICANT _____ DATE OF APPLICATION _____

ADDRESS _____ TELEPHONE _____

The undersigned hereby applies for a permit to operate the type of alarm circled below. I certify that the alarm system presently meets the requirements set forth in Universal City Ordinance #532 as amended by #532-A-99 and that it will be maintained in the manner provided therein and that I will comply with each applicable provision of the cited ordinance.

TYPE OF ALARM: BURGLAR / FIRE CENTRAL STATION: YES / NO

NAME OF ALARM COMPANY _____ TELEPHONE _____

The below named individual or organization can be contacted to respond to the location within thirty minutes of the activation of the licensed alarm:

NAME _____ PHONE/CELL/PAGER _____

NAME _____ PHONE/CELL/PAGER _____

HAZARDS TO RESPONDING OFFICIALS: (i.e. indoor/outdoor pets, swimming pools, high fences, etc.)

BILLING ADDRESS: (if different than alarm location) _____

\$100.00 FINANCIAL INSTITUTION
 \$25.00 COMMERCIAL
 \$7.50 RESIDENTIAL
 EXEMPT This permit is non-transferable, expires December 31, _____

APPLICANT'S SIGNATURE _____ RECVD BY _____