



City of Torrance Alarm System Permit

To obtain an alarm system permit, complete the enclosed application and mail the application with a check for **\$111**, payable to the City of Torrance.

Please mail to: City of Torrance
 Revenue Division
 3031 Torrance Blvd
 Torrance, CA 90503

If applying for a RESIDENCE, please complete Resident Alarm & Emergency Information sections.

If applying for a BUSINESS, please complete Business Alarm & Emergency Information sections.

All parties must complete the EMERGENCY information section.

If you are 65 years or older or physically disabled:

No alarm system permit fee shall be charged for issuance of a permit for a residence where the applicant is sixty-five (65) years of age or older, or physically disabled and who resides at the location for which the permit is requested.

APPLICATION IS ON PAGE 2



Application for Alarm System Permit
City of Torrance, Finance Department, Business License
3031 Torrance Blvd, Torrance, CA 90503 • 310.618.5923

DATE: _____

RESIDENT ALARM:			()
	LAST NAME	FIRST NAME	TELEPHONE NO.
ADDRESS	CITY		ZIP CODE
DATE OF BIRTH	DRIVERS LICENSE NO		

BUSINESS ALARM:			()
	BUSINESS NAME	BUSINESS TELEPHONE NO.	
BUSINESS ADDRESS	CITY		ZIP CODE
BUSINESS OWNER'S NAME			()
			HOME TELEPHONE NO.
BUSINESS OWNER'S HOME ADDRESS	DRIVERS LICENSE NO.		

EMERGENCY INFORMATION:	ALL APPLICANTS MUST FILL OUT THIS SECTION. List persons who may secure premises on a 24-hour basis.		
			()
NAME			TELEPHONE NO.
ADDRESS/CITY/STATE/ZIP CODE			
			()
NAME			TELEPHONE NO.
ADDRESS/CITY/STATE/ZIP CODE			
			()
NAME			TELEPHONE NO.
ADDRESS/CITY/STATE/ZIP CODE			

TYPE OF ALARM (Armed robbery, burglary, etc):	
ALARM (Silent and/or audible):	
AREA PROTECTED (Windows, doors, safe, etc):	

ALARM COMPANY:		
	NAME (CORPORATE AND BUSINESS NAME)	()
	ADDRESS/CITY/STATE/ZIP CODE	TELEPHONE NUMBER

NAME	BY	AMT	DATE	PERMIT #
DO NOT WRITE ABOVE THIS LINE - OFFICIAL USE ONLY				