



Finance Department | Revenue Division  
 34009 Alvarado-Niles Road  
 Union City, CA 94587  
 Phone: 510-675-5312 | Fax: 510-489-5074  
 E-mail: [Biz-License@UnionCity.Org](mailto:Biz-License@UnionCity.Org)  
 City Website: [www.UnionCity.Org](http://www.UnionCity.Org)

**Alarm Permit Application**

<b>Official City Use Only</b>
Account Number : _____

<b>ALARM COMPANY INFORMATION</b>			
1. Name of Alarm Company:	_____		
2. Alarm Company Phone Number:	_____		
3. Month & Year Alarm was Activated:	_____		
<b>ALARM SUBSCRIBER INFORMATION:</b>			
1. Alarm Subscriber - Business or Resident's Name:	_____		
2. Address of Alarmed Location in Union City:	_____		
3. Phone Number of Alarmed Location:	_____		
4. E-mail Address of Alarmed Location ( <b>REQUIRED</b> ):	_____		
<b>EMERGENCY CONTACTS</b>			
1. Please list three persons (if possible) who will respond, within 30 minutes, in the event of an alarm. These persons must also have a key to the premises and be able to reset a malfunctioning alarm and secure the premises.			
Name	Cell Phone Number	Work Phone Number	Home Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

**Additional Information:**

- Applications can be submitted online at [www.unioncity.org/alarm](http://www.unioncity.org/alarm).
- For a listing of the fees, please visit our website at [www.unioncity.org/236/alarm](http://www.unioncity.org/236/alarm).
- Alternatively, you may submit a paper copy of this alarm permit application. Please include payment with your completed application. Checks should be made payable to the **CITY OF UNION CITY**. You may also pay by credit card using the authorization form below.
- For general questions, please call 510-675-5256. For billing questions, please call 510-675-5312. For emergency calls, please call 911.

I declare under penalty of perjury, that to the best of my knowledge, all information contained on this application is true and complete.

\_\_\_\_\_  
 Signature of Applicant/Owner or Authorized Agent      Printed Name and Title      Date

**CITY OF UNION CITY – CREDIT CARD PAYMENT AUTHORIZATION FORM**

Please PRINT. Failure to complete this form may result in non-payment of your account. You may also pay by check (see above).

\_\_\_\_\_  
 Credit Card Number

Expires: \_\_\_\_\_  
 Month/Year

Credit Card Type (Check one; only types below are accepted):  
 MasterCard     VISA     Discover     American Express

\_\_\_\_\_  
 Name on Card (PRINTED)      Daytime Phone      \$ Amount Authorized

\_\_\_\_\_  
 Cardholder Signature      Date

**NOTE: THIS FORM MUST BE RETURNED TO CITY HALL IN PERSON OR BY MAIL WITH ORIGINAL SIGNATURES, OR FAXED TO THE CITY HALL CASHIERING OFFICE (ONLY TO FAX 510-489-5074). E-MAIL WILL NOT BE ACCEPTED.**