

CITY OF HIDDEN HILLS ALARM PERMIT APPLICATION

NAME:			
ADDRESS:			
TELEPHONE:			
	(HOME)	(CELL)	(BUSINESS)
NUMBER OF A	ALARM SYSTEMS TO BE IN	NSTALLED:	
COMPANY AN	ND/OR INDIVIDUAL INSTA	ALLING ALARM SYSTEM:	
NAME:			
ADDRESS:		TELEPHONE:	
	ALARM CONTINUES RIN	FION, CONTACT BELOW PAI GING FOR EXCESSIVE PERI	· ·
NAME:			
ADDRESS:		TELEPHONE:	
DECODIDEIONI			
DESCRIPTION	OF THE TYPE(S) OF ALAR	RM SYSTEMS TO BE INSTALL	ED

\$50 INITIAL AND ANNUAL FEE FALSE ALARM FEE - \$140 per response

Make check payable to the <u>City of Hidden Hills</u>

Mailing Address: 6165 Spring Valley Road, Hidden Hills, Ca 91302

For more information, please contact City Hall at 818-888-9281 or staff@hiddenhillscity.org.