



Alarm Permit Application

City of Rolling Hills Estates

CHECK ONE: New Update/Change

CHECK ONE: Residential Business

NAME: _____ ALARM PERMIT No.: _____

BUSINESS NAME (IF APPLICABLE): _____

ADDRESS: _____, Rolling Hills Estates, CA 90274

PHONE No.: _____ MOBILE No.: _____ E-mail: _____

**MAILING/CONTACT INFORMATION
(IF DIFFERENT FROM ABOVE)**

NAME: _____

BUSINESS NAME (IF APPLICABLE): _____

MAILING ADDRESS: _____

PHONE No.: _____ MOBILE No.: _____ E-MAIL: _____

EMERGENCY CONTACT(S) (MUST BE ABLE TO SECURE THE PROPERTY IN YOUR ABSENCE):

NAME: _____ PHONE No.: _____

NAME: _____ PHONE No.: _____

NAME: _____ PHONE No.: _____

ALARM COMPANY INFORMATION:

ALARM COMPANY NAME: _____ PHONE No.: _____

A permit is required for alarm systems used/installed in the City ([RHEMC Section 8.08.060](#)). For any changes, please complete a new application and submit it to the City of Rolling Hills Estates. www.rhe.city/alarmp permit

APPLICANT NAME (*PLEASE PRINT*): _____

APPLICANT SIGNATURE: _____ DATE: _____