

# ALARM SYSTEM PERMIT APPLICATION

Please type or print clearly

## BUSINESS OR RESIDENCE

NAME \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

### EMERGENCY CONTACT #1

NAME \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_

### EMERGENCY CONTACT #2

NAME \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_

## ALARM COMPANY NAME

NAME \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

## ADDITIONAL INFORMATION

BILLING ADDRESS (If different from business or residence)

NAME \_\_\_\_\_ SPECIAL COMMENTS (If any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

NAME OF ADJACENT BUILDING OR RESIDENCE \_\_\_\_\_

By signing below, I consent to the use of the above contact information by the City of Cypress (the "City") for official purposes, including, without limitation, City sponsored events, such as small business meetings, and/or updates on matters occurring in the City.

Additionally, I agree to fully discharge, waive and release any and all claims, demands, lawsuits, actions and causes of action in law and/or in equity on behalf of myself and my spouse, parents, children, family, employees, agents, heirs, estate, executors, company or other entity of any form or type, representatives, administrators, insurers, successors and assigns, distributees, guardians and/or other legal representatives against the City, its elected and appointed officials, officers, employees, attorneys, volunteers, or anyone else acting on its behalf, for the use of the above contact information, including, but not limited to, claims for emotional distress, bodily injury, death, or property damage arising out of any and all actions and/or omissions by any of the above persons and/or anyone else acting on the City's behalf.

**I UNDERSTAND THIS RELEASE SHALL BE EFFECTIVE EVEN IF THE LOSS, DAMAGE OR INJURY WAS NOT FORESEEABLE OR RESULTS, IN WHOLE OR IN PART, FROM THE NEGLIGENCE OF THE RELEASED PARTIES AND/OR ANY OF THE ABOVE PERSONS.**

I have fully read and understand this agreement and agree that no oral representations, statements or inducements, apart from this written agreement, have been made. I further agree that if any portion of this agreement is declared invalid by a court, the remainder shall continue in full force and effect.

By: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE FILL OUT AND MAIL THIS APPLICATION WITHIN FIFTEEN (15) DAYS TO:**

**Cypress Police Department  
Attn: Records Bureau  
5275 Orange Avenue, Cypress, CA  
Cypress, CA 90630**