

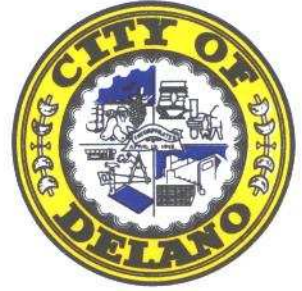


## Delano Police Department

1022 12th Avenue  
Post Office Box 218

---

DELANO CALIFORNIA 93216  
(661) 721-3377 • Fax (661) 725-0631



Mark DeRosia  
Chief of Police

November 20, 2007

Dear Business/Home owner,

This letter is to advise you that effective January 1, 2008, the Delano Police Department will begin implementation of the new requirements to the Delano Municipal Code, Chapter 9.70, regarding alarm systems. Some of the changes in this Chapter include increased response service fees for false alarms, one free (no charge) false alarm during each calendar year, as well as other responsibilities for those who have alarms installed. Also, alarms are required to have a permit which is issued by the Delano Police Department.

Did you know that within the City of Delano, your Police Department responds to about 2300 alarm calls a year, and approximately 65% of these alarms are false. By responding to false alarms, it takes emergency personnel away from patrolling of our communities, enforcing traffic laws, and other duties that aid in keeping each of us safe.

It is my goal to provide you with this information so that you may begin making plans to ensure you have taken the appropriate measures to comply with this new Chapter of the Municipal Code, as well as to deter false alarms, if any, that may have come from your home or business. We will begin leaving a Notice of False Alarm at the alarm location regarding the date and time we responded to a false alarm on all alarm calls we respond to.

You may also view a copy of the Alarm Systems Ordinance (Chapter 9.70) at the Delano Police Department, located at 1022 12<sup>th</sup> Avenue, Delano, CA.

Very sincerely,

A handwritten signature in blue ink that reads "Mark P. DeRosia".

Mark P. DeRosia  
Chief of Police



# CITY OF DELANO ALARM PERMIT APPLICATION

1022 12th Avenue, Delano, CA 93215

Alarm Coordinator (661) 721-3377

Fax (661) 725-0631

Website: www.cityofdelano.org

## PLEASE TYPE OR PRINT & COMPLETE ALL INFORMATION

TYPE OF APPLICATION:  NEW  RENEWAL PERMIT# \_\_\_\_\_

TYPE OF PREMISES:  COMMERCIAL  RESIDENTIAL

PREMISES ADDRESS: \_\_\_\_\_

PERMITTEE'S NAME: \_\_\_\_\_  
RESIDENT OR FIRM NAME

MAILING ADDRESS: \_\_\_\_\_  
STREET APT/STE CITY STATE ZIP

TELEPHONE NUMBER: \_\_\_\_\_ ALTERNATE NUMBER \_\_\_\_\_

RESPONSIBLE PERSON: (ALTERNATE): \_\_\_\_\_  
Person to call in case of an emergency (check one)  
 owner  manager  employee  family member  neighbor  friend

ADDRESS: \_\_\_\_\_  
STREET APT/STE CITY STATE ZIP

TELEPHONE NUMBER: \_\_\_\_\_  
RESIDENCE BUSINESS

RESPONSIBLE PERSON: (ALTERNATE): \_\_\_\_\_  
Person to call in case of an emergency (check one)  
 owner  manager  employee  family member  neighbor  friend

ADDRESS: \_\_\_\_\_  
STREET APT/STE CITY STATE ZIP

TELEPHONE NUMBER \_\_\_\_\_

TYPE OF ALARM  AUDIBLE  SILENT  FIRE  MEDICAL

ALARM COMPANY: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

TYPE OF SENSORS:  
 CONTACT  BEAM  PRESSURE  MOTION  AUDIBLE  OTHER (DESCRIBE)

LOCATION OF SENSORS (WINDOWS, DOORS, ETC.): \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ DATE: \_\_\_\_\_ FEES PAID: \_\_\_\_\_ CHECK # \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ ENTERED BY: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_