

ALARM SYSTEM PERMIT APPLICATION

Please type or print clearly

BUSINESS OR RESIDENCE

NAME _____ PHONE (_____) _____ - _____
STREET ADDRESS _____ Suite # _____
CITY, STATE, ZIP _____
TYPE OF BUSINESS _____
EMAIL ADDRESS: _____

EMERGENCY CONTACT #1

NAME _____
PHONE (_____) _____ - _____
CELL (_____) _____ - _____

EMERGENCY CONTACT #2

NAME _____
PHONE (_____) _____ - _____
CELL (_____) _____ - _____

ALARM COMPANY INFORMATION

COMPANY NAME _____ PHONE (_____) _____ - _____
STREET ADDRESS _____ Suite # _____
CITY, STATE, ZIP _____

ADDITIONAL INFORMATION

BILLING ADDRESS (if different from business or residence)

NAME _____ Special comments (if any) _____
STREET 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 90630**