

POLICE PERMIT RETURN FORM

CUSTOMER / COMPANY NAME:			ACCOUNT #:	
STREET ADDRESS:				
CITY:	STATE:	ZIP:	PHONE:	
POLICE PERMIT #:			DATE:	

Please return this form promptly to Security of Los Angeles, via postal mail or fax, once you have been issued your permit number by the police department. Thank you.

AUTHORIZATION SIGNATURE
ON BEHALF OF THE ABOVE
NAMED COMPANY

PRINT NAME

TITLE