City of Paramount
16400 Colorado Avenue
Paramount, CA 90723-5050
(562) 220-2000
www.paramountcity.com

OFFICE USE ONLY

Date & Time: _____

Employee Name: _____

Public Safety Rebate Program Application

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

First Name: _____ Last Name: _____ Middle Name: _____

Home Address: _____

Home Phone Number: (_____) _____ Cell Phone Number: (_____) _____

E-Mail Address: _____

I am applying for the:

☐Business Security Rebate Program
☐Cat Spay and Neuter Rebate Program
☐Home Security Rebate Program
☐Window Bar Removal Rebate Program

Have you included a copy of the receipt or paid invoice of the product or service?

☐Yes ☐No

Have you included a photo(s) of the device installed on the property? (if applicable)

☐Yes ☐ No

What product or service did you purchase? _____

How much did you spend? $_____

Acknowledgement

Yes, I have read, acknowledged, and completed all rebate application requirements to submit my Public Safety Rebate application and read, acknowledged, and understand all Rebate Program guidelines and restrictions.

☐Yes

_____ _____
Applicant Signature (Physical or E-Signature) Date