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Alarm Permit Application

Permit #: _____

Name of Permit Holder/Responsible Person: _____

Mailing Address: _____ Email Address: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Name of Business/Resident: _____

Alarm Site Address (if different than above): _____

Alarm Site Phone Number (if different than above): _____

Are There Dogs On The Premises? Yes _____ No _____ Are There Guns On The Premises? Yes _____ No _____

Are There Handicapped Person(s) On The Premises That Would Need Assistance? Yes _____ No _____

Do You Have Surveillance Cameras? Yes _____ No _____

Alarm Company Information

Name Of Alarm Company: _____

Phone Number: _____

Keyholder Information

(Must have access to the premises/alarm system with a 30 minute or less response time)

Contact Person:	Phone Number:	Alternate Phone Number:
Contact Person:	Phone Number:	Alternate Phone Number:
Contact Person:	Phone Number:	Alternate Phone Number:
Contact Person:	Phone Number:	Alternate Phone Number:
Contact Person:	Phone Number:	Alternate Phone Number:

Signature of Applicant: _____ **Date:** _____

Total Fees: _____

Receipt #: _____

Issued Date: _____

Issued By: _____