CITY OF MOUNT PLEASANT
ALARM SYSTEM PERMIT APPLICATION

Fax Number (903) 572-4686

1. **Alarm Site/Location:**
   Business Name: _____
   Address: _____

2. **Applicant/Permittee:**
   Name: _____ Phone: _____
   Address: _____

3. **Alarm Type (s):** ___ Fire ___ Burglary ___Holdup ___ Other

4. **Contact Person(s):**
   Name: _____ Phone: _____
   Address: _____
   Name: _____ Phone: _____
   Address: _____
   Name: _____ Phone: _____
   Address: _____

5. **Date of Installation/ Conversion:** _____

6. **Alarm System:** ___Monitored ___Local
   Alarm Company: _____
   Name: _____ Phone: _____
   Address: _____ State Lic. #_____

7. **If Monitored, Alarm Business that Monitors:**
   Name: _____ Phone: _____
   Address: _____ State Lic. #_____

The applicant/permittee agrees to be in compliance with Mount Pleasant City Ordinance Chapter 100 ALARM SYSTEMS.

CONSENT FOR OFFICIALS TO ENTER PROPERTY

The Applicant acknowledges and agrees to hold harmless the City of Mount Pleasant, its Agents, Officers, and Employees from any damage caused to property located on the applicant's premises while responding to an alarm for the life of the permit and any subsequent renewals. Additionally, as a condition of granting this permit, Applicant acknowledges and agrees that a representative of the City may enter the property to investigate the possible emergency or criminal offense as a result of a burglary, fire, holdup, or other alarm.

Consent Granted _____ Consent Refused_____

_____ _____
Applicant Signature Date

_____ _____
Signature of Alarm Administrator Date

Application Status: APPROVED _____ DENIED _____