

TOWN OF AVON

6570 E. U.S. Highway 36
Avon, IN 46123

ALARM SYSTEM PERMIT APPLICATION

RESIDENCE ALARM (\$25.00 per year) _____
BUSINESS ALARM (\$50.00 per year) _____

BUSINESS ALARM

Name of Business: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Business Owner: _____ Home Phone: _____

Contact Person: _____ Home Phone: _____

Contact Person: _____ Home Phone: _____

RESIDENTIAL ALARM

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Work Phone: _____

EMERGENCY TELEPHONE NUMBERS: (May receive notification at any time and will be able to be at the alarm site within 30 minutes to grant access to alarm site and de-activate alarm.)

Name: _____ Telephone: _____

Name: _____ Telephone: _____

ALARM COMPANY INSTALLER NAME:

Name: _____

Address: _____

OFFICE USE ONLY

Permit Number: _____

Date Issued: _____

Date Expires: _____

Receipt Number: _____