



ALARM SYSTEM PERMIT APPLICATION

BUSINESS ALARM \$50.00 (valid for one year) _____

Name of Business: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____ Business Fax: _____

Business Owner: _____ Home Phone: _____

Contact Person: _____ Home Phone: _____

Contact Person: _____ Home Phone: _____

RESIDENTIAL ALARM \$50.00 (valid for two years) _____

Name: _____ Address: _____

Home Phone: _____ City/Zip: _____

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: _____