



APPLICATION FOR ALARM PERMIT

Today's Date

1. PROPERTY INFORMATION

Application Type: Residential Commercial
Address City Zip

2. OWNER INFORMATION

First Name Last Name
Business Name
Mailing Address
City State Zip
Email Address Phone
Other Phone

3. ALARM SYSTEM

System Type (circle): New Existing
Type of Alarm (circle): Police Fire Other:
Date of Last Inspection/System Testing Approved By

Alarm Company
Mailing Address
City State Zip
Phone

Monitor Company
Mailing Address
City State Zip
Phone



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4. CONTACTS

You must supply three (3) emergency contacts and/or maintenance personnel. Persons listed must be able to respond within thirty (30) minutes of notification

First and Last Name	Mobile Number	Alt Phone Number

5. ATTEST & SUBMIT

Owner/Agent Signature

Date

Print Name

Fees: \$20 Residential, \$75 Commercial

PD-502-24-02

FOR OFFICIAL USE ONLY

Received By Total Paid

Date