



# 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



**APPLICATION FOR ALARM PERMIT**  
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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**

\_\_\_\_\_ Date

Owner/Agent Signature

Print Name

**Fees:** \$27 Residential, \$155 Commercial

PD-502-24-03

**FOR OFFICIAL USE ONLY**

Received By  Total Paid

Date