

Save Time! Fill and Pay *ONLINE* at hcv.org/alarm

Alarm Permit

Fee - \$0 Residential/\$30 Commercial	Type of Alarm (Check all that apply)	Type of Location (Check one)
Invoice # _____	<input type="checkbox"/> BURGLARY	<input type="checkbox"/> RESIDENTIAL
Receipt # _____	<input type="checkbox"/> ROBBERY	<input type="checkbox"/> COMMERCIAL
Date Paid _____		
Received By _____	<input type="checkbox"/> FIRE/CARBON MONOXIDE	

Business/Residential Information

Business/Homeowners Name _____

Address _____

Phone (day & night) _____ (day) _____ (night)

Billing / Contact E-mail _____

IF RESIDENTIAL: Gate code _____	Address of Alarm (if different than above; include business name, if applicable) _____ _____
IF COMMERCIAL is alarm for: (check one) <input type="checkbox"/> Entire BUILDING <input type="checkbox"/> Office SUITE	

Alarm Information

Name of Company _____ Phone _____

Describe area of protected (Building, perimeter, safe, fence, etc.)

Monitored by Alarm Company

Self-Monitored (via internet, etc.)

On-Premise Alarm Only

Two Persons with Responsibility for Alarm System: Name _____ Phone _____ Name _____ Phone _____	List Any Hazards Police Might Encounter (dogs, barbed wire, etc.): _____ _____ _____ _____
---	--

I have carefully read the complete application and know it to be true to the best of my knowledge:

Signature of Applicant

Date