

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) _____	

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.) _____ _____ _____	

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

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