Staff Services Division

POLICE DEPARTMENT

Alarm Systems Permit Application

Commercial _____ Residential _____

Business or Residents Name: _____ **Phone:** (_____)_____

Physical Address: _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____
(If different from physical address)

Responsible Party: _____ **Title:** _____

Phone: Hm: (____)_____ **Wk:** (____)_____ **Cell:** (____)_____ **Fax:** (____)_____

Type of Business: _____ **E-mail:** _____

Contacts: Please provide at least three (3) local persons (*other than owner*) who can respond to alarm activation.

1. **Name:** _____ Key Holder? ( ) yes ( ) no

   Address: _____ **City:** _____

   Phone: Hm: (____)_____ Wk: (____)_____ Cell: (____)_____ Title: _____

2. **Name:** _____ Key Holder? ( ) yes ( ) no

   Address: _____ **City:** _____

   Phone: Hm: (____)_____ Wk: (____)_____ Cell: (____)_____ Title: _____

3. **Name:** _____ Key Holder? ( ) yes ( ) no

   Address: _____ **City:** _____

   Phone: Hm: (____)_____ Wk: (____)_____ Cell: (____)_____ Title: _____

Alarm Information: ( ) Audible ( ) Silent ( ) Not Monitored

Monitoring Company: _____ **Phone:** (_____)_____ ( ) *Not Monitored*

Installing Company: _____ **Date Installed:** _____

Alarm Type (mark all that apply): Burglary ( ) Fire ( ) Hold Up ( ) Panic ( ) Medical ( ) Other ( )

Special Conditions: Please list any information that will assist officers in their safe response to your property. (Examples: Unfriendly/guard dogs, oxygen/other hazardous materials on property, weapons, gravel drive with no marker, part time residence, subject needing special attention, etc).

_____

_____

Signature: _____ **Date:** _____

Department Use Only: **Permit #** _____