

DEPARTMENT USE ONLY
PAY _____
AMTS _____
DATE _____
RENEWAL DATE _____



Permit/Registration
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### Alarm System Permit/Registration Application

**A. Residential Alarm User Information:** (Residential alarm users, please complete Section A and C through G.)

Alarm User Name: \_\_\_\_\_  
First Name Last Name

Alarm Location: \_\_\_\_\_  
Street Number Street Prefix Street Name Street Suffix Suite/Apt No.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Gate Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Type of Alarm (Check all that apply): Burglar ( ) Panic ( ) Medical ( ) Robbery/Holdup ( )

**B. Commercial Alarm User Information:** (Commercial alarm users, please complete Section B through G.)

Name of Corporation, Sole Proprietor or Partners \_\_\_\_\_

Trade Name(s) Used by Business \_\_\_\_\_

Alarm Location: \_\_\_\_\_  
Street Number Street Prefix Street Name Street Suffix Suite/Apt No.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Owner or President of Business: \_\_\_\_\_  
First Name Last Name

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**C. Mailing Address (If different from Location of Alarm System):** \_\_\_\_\_

**D. Contact Information:** (List two people, other than the owner, who can respond to an alarm activation.)

1<sup>st</sup> Contact Name: \_\_\_\_\_  
First Name Last Name

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 2<sup>nd</sup> Contact Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**E. Alarm Service/Install Company:** \_\_\_\_\_

License No. \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**F. Alarm Monitoring Company:** \_\_\_\_\_

License No. \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**G. Special Conditions:** (List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.) \_\_\_\_\_

**SPECIAL NOTE: THERE IS NO ANNUAL ALARM PERMIT REGISTRATION FEE. HOWEVER, THERE WILL BE A \$20 FALSE ALARM FEE CHARGED UPON THE 2<sup>ND</sup> AND EACH SUBSEQUENT FALSE ALARM CALL PER YEAR.**

I have carefully read the completed application and know the same to be true and correct. I understand that I will be responsible for payment of all fees and charges and any civil action which may arise from the operation of this alarm system. \_\_\_\_\_