

**ALARM PERMIT
(ORD. 96-030)**

PLEASE PRINT ALL INFORMATION

BUSINESS: _____ RESIDENTIAL: _____

APPLICANT NAME: _____,
(last name) (first) (int.)

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

PHONE NUMBER: (res) _____ (work) _____

BUSINESS NAME: _____ PHONE#: _____

ALARM ADDRESS: _____

(Only if location is different from mailing address)

TYPE OF ALARM: _____

NAME OF ALARM CO.: _____ PHONE# _____

IN CASE OF AN EMERGENCY PLEASE LIST AT LEAST 2 KEY HOLDERS

NAME

PHONE#

1. _____

2. _____

3. _____

4. _____

Do not write below this line.

AMOUNT: \$ _____ DATE: _____ BY WHOM: _____

THIS ALARM PERMIT WILL EXPIRE DECEMBER 31ST OF EACH YEAR AND MUST BE RENEWED BEFORE THE END OF JANUARY OF THE FOLLOWING YEAR.

YOU WILL BE CHARGED FOR ALL FALSE ALARMS AFTER FIVE (5) IN A CALENDAR YEAR.