

Alarm Permit Application

Business Information

The following information is necessary for the Police Department to process your application. Please complete the application accurately. This information will be entered into the Police Department's computer system to provide you with the fastest response possible, should your alarm system activate.

This information is confidential. If you need assistance completing this application, please call the Alarm Coordinator at 947-2776 Fee \$37.00

Please Print or Type

Name of Business _____

Address of Business _____ Zip Code _____

Name of Owner _____

Business Phone # _____ Home Phone # _____

Type of Business _____

CONTACT PERSON (S) IF ALARM ACTIVATES:

NOTE: CONTACT PERSON SHOULD BE ABLE TO RESPOND IN 20 MINUTES.

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

4. _____ Phone # _____

Please include any information that may affect officer safety when responding to this address:
(example: pool, animals, locked gate, gardener/housecleaner on specific days, etc.)

Alarm Company _____ Phone _____

Authorized Signature _____ Date _____

----- For Office Use Only -----
