

**BRIGHAM CITY POLICE DEPARTMENT
ALARM LICENSE APPLICATION**

**ALARM LICENSE # _____
DATE ISSUED: _____**

THE UNDERSIGNED HEREBY MAKE APPLICATION FOR A ALARM LICENSE UNDER THE TERM'S OF ORDINANCE #592 OF THE BRIGHAM CITY CODE AND SWEARS TO THE TRUTH AND ACCURACY OF ALL STATEMENTS.

- 1. DATE OF APPLICATION: _____
- 2. DESCRIPTION OR TYPE OF BUSINESS/HOME: (WRITE DETAILED STATEMENT OF INTENT ON REVERSE SIDE)

- 3. ADDRESS OF BUSINESS/HOME: _____
- 4. MAILING ADDRESS IF DIFFERENT THAN #3: _____
- 5. TELEPHONE NUMBER: _____
- 6. NAME OF APPLICANT: _____
DATE OF BIRTH: _____ SOCIAL SECURITY #: _____
- 7. NAME IF OWNER IF DIFFERENT THAN APPLICANT: _____
- 8. CHARACTER REFERENCES AND ADDRESSES:

- 9. SIGNATURE OF APPLICANT: _____
- 10. DO YOU HAVE A COPY OF THE CITY CODE ON ALARMS: _____
- 11. CHARGES: LICENSE FEE: \$10

FINDINGS AND RECOMMENDATIONS (AS APPLICABLE) - ATTACHMENTS AS REQUIRED

POLICE CHIEF'S SIGNATURE

DATE

COMPLETION OF THIS APPLICATION DOES NOT CONSTITUTE A LICENSE FOR AN ALARM



ALARM BOND INFORMATION SHEET

Please print all information clearly and return to the address below
Must be accompanied by \$100.00 security bond per
Title 6, Chapter 2 of the Municipal Code of Park City, Utah

OWNER NAME: _____

ADDRESS OF ALARM: _____ PHONE: _____

RESIDENT NAME (If different from owner): _____

or

BUSINESS NAME: _____

OWNERS' MAILING ADDRESS: _____

OWNER'S PHONE: _____

ALARM COMPANY: _____ PHONE: _____

NAME AND PHONE NUMBER OF A RESPONSIBLE PARTY IN CASE OF AN ALARM PROBLEM OR

EMERGENCY IF OWNER CAN NOT BE REACHED: _____

INFORMATION PROVIDED BY: _____

DATE: _____

***** FOR OFFICE USE ONLY *****

DATE RECEIVED: _____

BONDED IN FULL: YES NO

ACCOUNT NUMBER: _____

American Fork City
Security Alarm User Permit Application

Name of Business/ Individual: _____
 Address of Business or Residence: _____
 Business/Residence Phone Number: _____
 Nature of Business: _____
(Presence of dangerous materials, chemicals, hazardous materials, etc.)
 Business/Residence/Manager/Owner: _____
 Address if different than above: Street: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 E-mail: _____

Nature of Alarm System:
 Check all that apply to your system :

Perimeter Motion Audio Alarm
 Internal External
 Video Recording Live Audio Monitoring
 Dial-up to Monitoring Service

Responsible Parties:

The following, in order of responsibility, are the individuals authorized to respond to determine if the alarm is false or not, determine if there is any damage or loss, and to secure the business.
 The licensee is responsible to keep this list current. If during the length of this license the names listed below change, the licensee is required to notify the American Fork Police Department of the necessary changes.

1) Name: _____
 Address: _____
 Phone: _____
 Cell Phone: _____

2) Name: _____
 Address: _____
 Phone: _____
 Cell Phone: _____

3) Name: _____
 Address: _____
 Phone: _____
 Cell Phone: _____



Chief Thomas Paul
 87 East 100 South
 Pleasant Grove, UT

Permit#

Business or Resident: Last Name	First Name	Middle Initial
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Address of Alarm Location(include coordinates)	Unit #	Zip Code
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Mailing Address (if different from alarm location)

Residential Phone #	Business Phone #
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If a business-name of owner

Alarm installer/Service Representative (Company)

Monitoring Company	Address	Phone #
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Responsible Alarm Contact:

#1	Last Name	First Name	Phone #1	Phone #2
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#2	Last Name	First Name	Phone #1	Phone #2
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#3	Last Name	First Name	Phone #1	Phone #2
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List above the responsible persons who can respond to the alarm notification and are knowledgeable in the basic operation of the alarm system, and are authorized and able to gain entry and secure the premise of required.

I have read the completed application and represent the same to be true and correct. I hereby agree that if a permit is issued, I will comply with all the provisions of the city ordinance and applicable state laws. I accept responsibility for all fees or fines that may result from the operation of the alarm system serving the above premises.

Date: _____ Signature of permit holder: _____

Alarm permit applications and \$25.00 may be brought to the Pleasant Grove Police Department, 87 East 100 South, Pleasant Grove, Utah. The alarm permit will be issued upon receipt of the application and fee.
 Permit Issue Date: _____

WASATCH COUNTY SHERIFF'S OFFICE

ALARM REGISTRATION FORM

ALARM # ALARM TYPE Fire Panic
 Motion Other Explain Below

Alarm Description _____
Alarm Address _____
Contact Person **USED USED USED** _____
Contact Phone # 1 - - _____ #2 - - _____
Description/Info _____

PROPERTY OWNER INFORMATION

NAME
MAILING ADDRESS
PHONE NUMBER

ALARM COMPANY INFORMATION

NAME
MAILING ADDRESS
PHONE NUMBER

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ALARM REGISTRATION FORM

ALARM # ALARM TYPE Fire Panic
 Motion Other Explain Below

Alarm Description _____
Alarm Address _____
Contact Person _____
Contact Phone # 1 - - _____ #2 - - _____
Description/Info _____

PROPERTY OWNER INFORMATION

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MAILING ADDRESS
PHONE NUMBER

ALARM COMPANY INFORMATION

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PHONE NUMBER

ALARM COMPANY INFORMATION

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PHONE NUMBER

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PROPERTY OWNER INFORMATION

NAME
MAILING ADDRESS
PHONE NUMBER

ALARM COMPANY INFORMATION

NAME
MAILING ADDRESS
PHONE NUMBER

OGDEN POLICE DEPARTMENT

ALARM PERMIT APPLICATION
Please Print or Type (Large and Legibly)

OGDEN CITY POLICE DEPARTMENT
ATTN: ALARMS
2186 LINCOLN AVE
OGDEN, UT 84401
(801) 629-8098

A \$25.00 FEE IS REQUIRED
PAYABLE TO "OGDEN CITY"
Please Attach to
Alarm Application

Date _____ OPD Permit # _____ office use only

Is Alarm Location a Business or Residence ? (Please circle one)

Resident / Business Name _____ Phone # at alarm location _____

Address of Alarm Location _____ Apt / Unit # _____ Zip Code _____

Resident / Business Owner _____ Phone # _____

Mailing Address (if different from alarm location) _____ Attn: _____

Alarm Installer / Service Representative (company) _____ Address _____ Phone # _____

Monitoring Company _____ Address _____ Phone # _____

Responsible Alarm Contacts

List responsible persons who can respond to the alarm within 20 minutes after notification, who are knowledgeable in the basic operation of the alarm system and are authorized and able to gain entry and secure the premises if required.

1. _____
Last Name First Name Work Phone Home Phone Cell Phone
2. _____
Last Name First Name Work Phone Home Phone Cell Phone
3. _____
Last Name First Name Work Phone Home Phone Cell Phone

Office Use Only

Date :

Check #: