

ALARM SYSTEM PERMIT APPLICATION

APPLICANT NAME: _____

BUSINESS NAME (if applicable): _____

Address of Alarmed Premises: _____

Telephone Number of the above address: _____

TYPE OF ALARM (check all that apply): _____ Business _____ Residence

_____ Fire _____ Burglar _____ Hold Up

_____ Panic _____ Central Station Connection

_____ Other _____

Remarks or Special Instructions:

Name of Alarm Company: _____

Address of Alarm Company: _____

Alarm Company 24 hr telephone number: _____

Keyholder Notification Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

APPLICANT SIGNATURE: _____

Title: _____ Date: _____

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POLICE DEPARTMENT USE ONLY:

Approval: _____

Fiscal Year _____

U A R C O receipt # _____

Permit Number: _____

Computer Entry/Alarm Files _____

Date/Initials: _____