

BROWNSBURG POLICE DEPARTMENT
31. N GREEN STREET
BROWNSBURG, INDIANA 46112-1213

ALARM APPLICATION FORM

Check One

Residential Alarm (\$20.00 FOR 2 YEARS)

Business Alarm (\$50.00 PER YEAR)

Name: _____
Address: _____
Home Phone # _____
Work # _____
Alarm Company: _____
Alarm Company Address: _____
Alarm Company Phone: _____

Business Name: _____
Business Address: _____
Business Phone: _____
Billing Name: _____
Billing Address: _____
Alarm Company: _____
Alarm Company Address: _____
Alarm Company Phone: _____

Any Emergency Contacts

Name: _____ Home # () _____ Work # () _____ Cell # () _____
Name: _____ Home # () _____ Work # () _____ Cell # () _____
Name: _____ Home # () _____ Work # () _____ Cell # () _____
Name: _____ Home # () _____ Work # () _____ Cell # () _____

**Mail Completed application and payment to Brownsburg Police Department
Attn: Records Department
31 . N Green Street
Brownsburg, Indiana 46112**

OFFICE USE ONLY

Permit Number: _____ Date Issued: _____ Amount Recieved \$ _____ Clerk: _____

Friday, February 18, 2011

Town of Greentown, Police Department
ALARM PERMIT APPLICATION

Business/Commercial Alarm Fee \$25.00 Revised (No Fee Required) Fee EXEMPT
Residential Alarm Fee \$10.00

Please Print

1. Alarm Address: _____ Greentown IN 46936
(street) (apt. no.) (city) (state) (zip)

2. Alarm User:
Name: _____ Telephone No.: _____
Mailing/Billing Address: _____
(street) (apt. no.) (city) (state) (zip)

3. Permit Holder: This person must sign the application and be responsible for the proper operation and maintenance of the alarm system and for payment of all fees.

Name: _____ Home Telephone No.: _____
Address: _____
(street) (apt. no.) (city) (state) (zip)
Business Telephone No.: _____ Business Relation: _____

4. Contact: *Someone at another address to be contacted if necessary.*

Name: _____ Area Code/Telephone No.: () _____
Address: _____

5. Installation Conversion Takeover Date: _____
New Permit Required Revised Permit Only New Permit Required

6. Installed By:
Name: _____ GPD License No.: _____
Company Name: _____ Telephone No.: _____
Address: _____
(street) (apt. no.) (city) (state) (zip)

7. Serviced by: Installer Other (If other, specify below)
Company Name: _____ Telephone No.: _____
Address: _____
(street) (city) (state) (zip)

8. Monitored by:
Company Name: _____ Telephone No.: _____
Address: _____
(street) (city) (state) (zip)

This section must be completed and signed by both the Alarm User/Permit Holder and the Alarm Installer.

- A copy of system operating instructions has been provided to me by the alarm agent.
- I have been trained in the proper use of the alarm system and instructed on how to avoid false alarms.

Signature _____ Signature _____
Permit Holder Alarm Installer

Make checks payable to: Town of Greentown
Remit to: Town Clerk
P. O. Box 247
112 N. Meridian St.
Greentown, Indiana 46936
(765) 628-3263

<i>For Office Use Only</i>
Date: _____
Amount Enclosed: _____
Permit Number: _____

City of Kokomo
 Alarm System Permit Application
 City Ordinance # 5290 Chapter 119

Alarm Permit Number Issued	Date of Issue	Date of Expiration

Application for a permit for the operation of an alarm system shall be made by a person or legal entity (Permit Holder) having control over the property on which the alarm system is to be installed and operated. It shall be unlawful for a person in control of property to operate, cause to be operated, or permit the operation of an alarm system on that property unless a current permit has been obtained within forty-eight (48) hours of installation of the alarm system. The Alarm Permit shall be kept at the Alarm Site in a location which is visible to any Law Enforcement Official who responds to an alarm.

A permit issued pursuant to this Chapter shall be personal to the Permit Holder and is not transferable.

The Permit Holder shall promptly notify the Kokomo Police Department of any change in the information contained in the permit application.

FEES: Residential Property \$10.00 Commercial Property \$25.00

The fee for an alarm system permit will be valid for one (1) calendar year. Each license issued prior to July 1 of any year shall be charged for at the full rate. Each and every license issued on or after July 1 of any year shall be charged at one-half (1/2) of the regular rate.

Name and Address of Permit Holder

Name	Street Address	City State Zip	Residential Phone Number	Cell Phone Number

If Permitted Property is Business, List the Name and Address of Business

Business Name	Street Address	City State Zip	Business Phone Number

Name and Address of Alarm Company Installing Alarm

Alarm Company Name	Street Address	City State Zip	Telephone Number

Name and Telephone Number of Two (2) Persons or of an Alarm System Business which are able to and have Agreed to the following:

- (1) To receive notification at anytime
- (2) To come to the alarm site within thirty (30) minutes after receiving a request from the Kokomo Police Department to do so; and
- (3) To grant access to the alarm site and to deactivate the system if such becomes necessary

Name	Street Address	City State Zip	Residential Phone Number	Cell Phone Number

Is the Alarm System designed to elicit a local police response? YES ___ NO ___

Is the Alarm System designed to give notice of : (Check all that apply)

Burglary ___ Fire ___ Medical Emergency ___ Other ___ (Describe Other) _____

False Alarm Penalty:

The Penalties for False Alarm violation pursuant to this chapter are as follows:
One certificate year is from the date of issue through the date of expiration.

- (1) First (1) violation for a false alarm or operation of an illegal telephone dialing device in any one certificate year, no fine shall be charged, record of the violation shall be made.
- (2) Second (2) violation for a false alarm or operation of an illegal telephone dialing device within one certificate year, a fine of \$50.00 shall be imposed.
- (3) Third (3) violation for a false alarm or operation of an illegal telephone dialing device within one certificate year, a fine of \$75.00 shall be imposed.
- (4) Fourth (4) violation, and upon each and every violation thereafter in any one certificate year, a fine of \$100.00 shall be imposed for false alarms or operation of an illegal telephone dialing device.

In addition to the penalties set out above, it shall be a separate violation to operate in the City any Alarm System without a permit. Penalties are as follows:

- (1) First (1) citation, no fine will be made
- (2) Second (2) citation shall result in a fine of \$100.00.
- (3) Third (3) citation and each citation thereafter the fine shall be \$200.00.

Permit Holders Written Signature: _____

Permit Holders Printed Name: _____

Application Date: _____



City of Lawrence

Indiana

9001 E. 59th Street, Suite 205

Lawrence, IN 46216-1008

Phone: 317 549-4804 Fax: 317 549-6409

Mayor
Paul Ricketts

Permit Fee: \$25.00 every two years

OFFICE USE ONLY	
Permit #	
Issue Date	
Exp. Date	

PLEASE PRINT ONLY

Cash	
Check #	

Application for Alarm Permit

<input type="checkbox"/> New Permit Application	Effective Operation Date: _____	<input type="checkbox"/> Permit Renewal
Type of Alarm:	<input type="checkbox"/> Residential	<input type="checkbox"/> Business

Applicant or Business Name: _____

Address: _____ Lawrence, IN _____
Street Zip Code

Email: _____

Bus/Home Phone: _____ Alternate Phone: _____

Alarm Installed by: _____

Alarm Monitored by: _____

1 Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Phone #s: _____
Home Alternate/Cell

2 Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Phone #s: _____
Home Alternate/Cell

INFORMATION IMPORTANT TO RESPONDING OFFICER: Invalid Inside Name: _____

Free Roaming Animal(s): Type(s): _____ Breed(s): _____

Name(s) of Free Roam Animal(s): _____

Non-Free Roam Animal(s): Type(s): _____ Breed(s): _____

Name(s) of Non-Free Roam Animal(s): _____

Keys with neighbor

Name: _____

Address: _____

Phone #: _____

I hereby swear or affirm under penalty that the foregoing facts contained herein are true, and further swear or affirm that the alarm system for which this permit is being applied does not violate City of Lawrence General Ordinance Title 3, Article 3, Chapter 8, Section 1.

Signature of Applicant _____ Date _____

ALL APPLICABLE SPACES MUST BE COMPLETED

General Ordinance 1-3-3-8-17:

- * Auto dialers which directly call the Lawrence Police Department or any other public law enforcement agency and then transmit any pre-recorded message or signal are prohibited.

Terms of Alarm Permit:

- * Permit is valid for **two** years from the date of issue.
- * Permit fee is \$25.00.
- * Method of Payment: Money order or personal check made payable to "**City of Lawrence**".
- * Permit is to be placed in a window or door and be visible to responding officers.
- * **New** installations must have an effective operational date on the front of this application.
- * **New** installations are exempt from enforcement for 30 (thirty) days beginning with the effective operational date.

False Alarms:

After 2 (two) per calendar year:

- First: \$25.00
- Second: \$50.00
- Third: \$100.00
- Fourth: \$200.00
- After four \$200.00 per false alarm

ALL APPLICABLE SPACES ON THE REVERSE SIDE MUST BE COMPLETED