

ALARM PERMIT APPLICATION

Applicant's Name: _____ Tel#: _____

Address: _____

Alarm in _____ Business _____ Residence

Alarm maintained or installed by:

Name: _____ Tel#: _____

Address: _____

Type of notification: _____ Direct Tie-In _____ Digital Comm.

_____ Automatic Telephone Dialer _____ Local Alarm Only

Protection for: _____ Fire _____ Burglar _____ Hold-Up _____ Heat

_____ Medical _____ Panic _____ Other (please specify)

Monitored By: _____ Tel#: _____

Address: _____

Names of persons to contact other than applicant:

- 1. _____ Tel#: _____
- 2. _____ Tel#: _____
- 3. _____ Tel#: _____

Special Instructions: _____

Physical description of house or business:

Applicant's Signature: _____ Date: _____

Chief of Police: _____ Date: _____

Fire Chief: _____ Date: _____
