



**APPLICATION FOR ALARM PERMIT
ORDINANCE 356
REGULATING AUTOMATIC AND MANUAL ALARM SYSTEMS**

DATE: _____ FEE: \$20.00

Original___ Renewal___ Residence ___ Business___

OWNER'S NAME: _____

NAME OF BUSINESS (IF APPLICABLE): _____

TYPE OF BUSINESS (IF APPLICABLE): _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

DIRECT TELEPHONE LINE TO LOCATION: _____

OWNER TELEPHONE (HOME): _____ (WORK): _____

EMAIL ADDRESS: _____

NAMES OF TWO OTHER PERSONS WHO MAY BE REACHED AT ANY HOUR OF THE DAY OR NIGHT AND WHO CAN OPEN THE PREMISES IN WHICH THE ALARM IS INSTALLED. (3 PERSONS IF A BUSINESS ALARM)

1) NAME _____ TELEPHONE _____

2) NAME _____ TELEPHONE _____

3) NAME _____ TELEPHONE _____

TYPE OF ALARM SYSTEM: _____

NAME OF ALARM EQUIPMENT SUPPLIER SELLING: _____

NAME OF ALARM EQUIPMENT SUPPLIER MONITORING: _____

DATE SYSTEM LAST INSPECTED: _____