



POLICE DEPARTMENT
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ALARM PERMIT APPLICATION 2012

NAME: _____ HOME PHONE # _____

STREET ADDRESS: _____ WORK # _____

MAILING ADDRESS: _____

ALARM MONITORING COMPANY: _____

ADDRESS: _____ PHONE# _____

PURPOSE OF ALARM: _____ BURGLAR _____ FIRE _____ PRESSURE

_____ OTHER - SPECIFY TYPE: _____

IN CASE OF EMERGENCY, LIST IN PRIORITY ORDER, PERSONS TO BE CONTACTED AND/OR WHO HAVE A KEY TO THE BUILDING OTHER THAN THE OWNER.

(1) NAME _____

ADDRESS _____

PHONE #:() _____ TITLE: _____

(2) NAME _____

ADDRESS _____

PHONE #:() _____ TITLE: _____

NAME OF PERSON COMPLETING THIS APPLICATION

OWNER RENTER
DO YOU OWN OR RENT ALARMED PROPERTY

DATE