



BURGLAR ALARM PERMIT APPLICATION

DATE: _____

NAME OF BUSINESS: _____

ADDRESS: _____

SUITE/UNIT: _____

BUSINESS PHONE #: _____

BILLING NAME: _____

BILLING ADDRESS: _____

SUITE/UNIT: _____

City State Zip Code

BILLING PHONE #: _____

NAME OF YOUR ALARM COMPANY: _____

ADDRESS: _____

City State Zip Code

PHONE #: _____

TYPE OF ALARM (**SELECT** ONLY ONE):

LOCAL ONLY (BELL, HORN SIREN, ETC. NO OFF PREMISE CONNECTION)

DIRECT CONNECT TO POLICE DEPARTMENT ALARM PANEL

CENTRAL STATION MONITOR

CENTRAL STATION MONITOR NAME: _____

PHONE #: _____

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Please list in the order you would like us to contact. **AT LEAST ONE KEYHOLDER MUST BE LISTED.**

A keyholder must be a person that can be reached at any time day or night and knows how to operate your alarm system.

KEYHOLDER #1

NAME: _____

ADDRESS: _____

City State Zip Code

HOME PHONE #: _____

CELL PHONE #: _____

POSITION: _____

KEYHOLDER #2

NAME: _____

ADDRESS: _____

City State Zip Code

HOME PHONE #: _____

CELL PHONE #: _____

POSITION: _____

KEYHOLDER #3

NAME: _____

ADDRESS: _____

City State Zip Code

HOME PHONE #: _____

CELL PHONE #: _____

POSITION: _____

Police Department Use Only

PERMIT #: _____

DATE ASSIGNED: _____