



RESIDENTIAL BURGLAR ALARM PERMIT APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE #: _____

CELL PHONE #: _____

WORK PHONE #: _____

NAME OF YOUR ALARM COMPANY: _____

ADDRESS: _____

City State Zip Code

PHONE #: _____

TYPE OF ALARM (CHECK 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 #: _____

BURGLAR ALARM PERMIT APPLICATION

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 #: _____

KEYHOLDER #2

NAME: _____

ADDRESS: _____

City State Zip Code

HOME PHONE #: _____

CELL PHONE #: _____

KEYHOLDER #3

NAME: _____

ADDRESS: _____

City State Zip Code

HOME PHONE #: _____

CELL PHONE #: _____

Police Department Use Only

PERMIT #: _____

DATE ASSIGNED: _____