Alarm Permit Application

Complete this form to apply for an alarm permit in person. Online submission is preferred, but this paper form is available for walk-in applicants. Fields marked with * are required.

Alarm Location Information

Site Name (Business Name) * _____

Permit Type * ☐ Alarm – Residential ☐ Alarm – Business

Street Address * _____

Apartment / Suite _____

City * _____

ZIP Code * _____

Phone _____

Email _____

Alarm System Information

Permit Type * ☐ Residential Alarm ☐ Business Alarm

Alarm System Type * ☐ Audible ☐ Silent ☐ Video ☐ Other

Installed By (Company Name) _____

Installation Date _____

Monitored By (Alarm Company Name) _____

Permit Holder Information

Permit Holder Name * _____

Address * _____

City * _____

ZIP Code * _____

Primary Phone * _____

Email * _____

Billing Information

Same as Permit Holder? * ☐ Yes ☐ No

Name * _____

Attention: (If Applicable): _____

Mailing Address * _____

City * _____

ZIP Code * _____

Primary Phone * _____

Email * _____

Emergency Contact Persons (Minimum 2 Required)

Name	Phone	Address	Email

Medical or Pet Information (Optional)

_____

_____

Notes / Additional Information

_____

_____

Applicant Signature

Signature: _____

Date: _____