"A GREAT PLACE TO LIVE"

APPLICATION FOR ALARM PERMIT

Application fee- $20.00 Residential Yearly Permit fee- $25.00

Commercial Yearly Permit Fee- $50.00 False Alarm fee- $75.00

TYPE OF PREMISES:

☐Business ☐Residential ☐Financial Institution ☐Other (Specify) _____

Permit Holder (person responsible):_____

Location of Alarm (street address): _____

Name of Business (if applicable): _____

Mailing Address: _____ City/State/Zip: _____

Telephone Number: _____ Driver's License#_____ State _____

Email Address: _____

TYPE OF ALARM

☐Burglary ☐Robbery ☐Fire ☐Medical ☐Panic Emergency

☐Other (specify) _____

TYPE OF SYSTEM

☐Audible ☐Silent

HOW WPD NOTIFIED:

☐Telephone Recording ☐Alarm Company Call ☐Panel (Financial Institutions Only)

☐Other (specify) _____

ALARM ACTIVATED BY

☐Contact Points ☐Sound ☐Motion ☐Manual Activation ☐Light Beams

☐Other (specify) _____

ALARM SYSTEM MONITORED BY: _____

Address: _____ City/State/Zip: _____

Phone No.: _____

Fee only applies **after there have been **more** than 3 false alarms within any calendar year (Jan. 1- Dec. 31)*

CONTACT PERSON:

1. NAME: _____ ADDRESS: _____

DAY/WORK PHONE: _____ NIGHT/HOME PHONE: _____

2. NAME: _____ ADDRESS: _____

DAY/WORK PHONE: _____ NIGHT/HOME PHONE: _____

3. NAME: _____ ADDRESS: _____

DAY/WORK PHONE: _____ NIGHT/HOME PHONE: _____

I have read the application and know same to be true and correct. I hereby agree that if a permit is issued, I will comply with all provisions of the City Ordinance regulating alarms and all rules and procedures set. I understand that I will be responsible for payment of all fees and charges and any civil action, which may result from operation of this alarm system.

SIGNATURE: _____ DATE: _____

CITY USE ONLY DO NOT WRITE BELOW THIS LINE

APPROVED BY: _____ DATE: _____ PERMIT #: _____

RECEIPT #: _____ PAID $: _____ EXPIRES: _____

RECEIPT #: _____ PAID $: _____ EXPIRES: _____

RECEIPT #: _____ PAID $: _____ EXPIRES: _____

RECEIPT #: _____ PAID $: _____ EXPIRES: _____

RECEIPT #: _____ PAID $: _____ EXPIRES: _____

RECEIPT #: _____ PAID $: _____ EXPIRES: _____

RECEIPT #: _____ PAID $: _____ EXPIRES: _____

RECEIPT #: _____ PAID $: _____ EXPIRES: _____

PROCESSED BY: _____