



ALARM PERMIT APPLICATION

Applicant #1: Is this a business? (circle one) Yes_ or No_ **Business Name:** _____

Name: _____
(Last) (First) (Middle)

DOB (1) _____ Phone (H/C/W) _____ Phone (H/C/W) _____

Applicant #2: _____

(Last) (First) (Middle)

DOB (2) _____ Phone (H/C/W) _____ Phone (H/C/W) _____

Alarm/Property Address: _____

Applicant/Business Mailing Address: _____

Alarm Company Name _____ Monitored: Yes or No Phone _____

Type of Alarm: (circle all that apply) Burglary Fire Medical Other _____

Is it a silent or audible alarm? _____

Property Gate/Lock Combination _____

Special Instructions _____

Pets/Aggressive Animal(s) _____

First Emergency Contact (if other than applicant):

(Last) (First) (Middle)

Phone (H/W/C) _____ Phone (H/W/C) _____

Second Emergency Contact: _____

(Last) (First) (Middle)

Phone (H/W/C) _____ Phone (H/W/C) _____

(CCSO USE ONLY)

Date Paid _____
 Receipt# _____
 Cash _____ Check# _____

PERMIT NUMBER _____

DATE ISSUED _____

EXPIRATION _____