



ALARM PERMIT APPLICATION

Applicant #1 Is this a business? (circle one) Yes or No **Business Name** _____

Name (1) _____
(Last) (First) (Middle)

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

Applicant #2 Name _____
(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 _____ Silent or Audible

Property Gate/Lock Combination _____

Special Instructions _____

Pets/Aggressive Animal(s) _____

Emergency contacts if other than applicants

First Emergency Contact _____
(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 _____