

POLICE DEPARTMENT P.O. Box 52681, Phoenix, Arizona 85072-2681 Phone: (602) 534-0322 Fax: (602) 534-4334

## **ALARM SUBSCRIBER / PROPRIETOR PERMIT APPLICATION**

	D	OFFICE USE ONLY	A
	Permit Number		Amount Paid
SUBSCRIBER / PROPRIE	TOR INFORMATION Please	Print Clearly or Type	
		()	<del></del>
Name of Residence or Nam	e of Business (should be same na	me alarm company uses for dispatch) Telep	hone Number At Location
Address of Alarmed Location	on:	Street Name/Number (Suite/Apt.	
(One address only)	Street No. (N,S,E,W)	Street Name/Number (Suite/Apt.	#) Zip Code
TYPE (check one) Residen	nce Business	If Business, Normal Hours	
SUBSCRIBER/PROPRIET	OR MAILING ADDRESS		
Attn.:			
Address:			
		Zip:	
	State.	ZIP.	
Name of Decidence or Busin	and Outpor	( ) Alternate Telephone	Number For Owner
——————————————————————————————————————	ness Owner	Alternate relephone	Number For Owner
ALARM COMPANY AN	D/OR MONITORING COMPA	ANY	
Installed/Serviced by:		()	
,	Name of Alarm Company	Telephone Numb	
Monitored by:	Name of Monitoring Com	()	
	Name of Monitoring Com	pany Telephone Numb	er 
TYPE OF ALARM (checl			
Burglary Alarm Par PREMISES INFORMATION		Silent Date of Installation _	
		Who Owns Alarm Equipment:stem to be inspected and serviced at least	
		stem to be inspected and serviced at least	once in each tweive-month period
RESPONSIBLE REPRESE			
	esentatives (other than the ap f the alarm activation and to s	oplicant) who will respond to an alarm ac	tivation to assist the Police in
determining the cause of	tille diariii activation and to s	ecure the premises.	
		() (	)
Name		Day Telephone Ni	ght Telephone
		( ) ( Day Telephone Nic	) ght Telephone
Name		Day relebilione in	ant rejephone