

ALARM PERMIT APPLICATION

DATE: _____ ALARM PERMIT # _____

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE: (HOME) _____ (WORK) _____

EMERGENCY CONTACT INFORMATION:

(1) NAME _____ PHONE _____

(2) NAME _____ PHONE _____

(3) NAME _____ PHONE _____

INSTALLER COMPANY: _____ PHONE _____

FAX: _____

MONITORING SERVICE _____
(NAME-ADDRESS)

MONITORING SERVICE PHONE: _____

LOCATION OF ALARM (ADDRESS) _____

DESCRIPTION OF ALARM: BURGLAR FIRE DURESS/ROBBERY

SILENT AUDIBLE MONITORED MEDICAL MOTION

INSTALLER SIGNATURE

APPLICANT SIGNATURE

I DO HEREBY CERTIFY THAT I AM AUTHORIZED TO REPRESENT _____
_____, A COMPANY CERTIFIED TO INSTALL ALARM SYSTEMS IN
THE STATE OF UTAH; AND THAT AN ALARM AS DESCRIBED ABOVE HAS BEEN INSTALLED IN
ACCORDANCE WITH ALL APPLICABLE STATE AND LOCAL CODES.

(SIGNATURE)

POLICE APPROVAL

FIRE APPROVAL

P.D. USE PERMIT NUMBER ISSUED _____

RETURNED _____