

FEE: \$10.00

Date Paid

Clerk's Office
515 W. Kimberly Ave.
Kimberly, WI 54136

SECURITY ALARM USER PERMIT APPLICATION

NAME _____

_____ Email Address

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NOS. _____

NUMBER OF ALARMS _____

ALARM ADDRESS LOCATION: _____

TYPE OF ALARM: Residential: Fire ___ Intrusion ___

Business: Fire ___ Intrusion ___

TERMINATING POINT: (Check Appropriate Service)

Central Monitoring Alarm Co. _____ Local Alarm _____

(Stays on premise)

NAME OF BUSINESS SELLING AND INSTALLING ALARM:

NAME OF BUSINESS MONITORING AND/OR MAINTAINING ALARM:

WILL PRIVATE SECURITY BE RESPONDING TO THIS ALARM? Yes / No

If yes, name and contact number of private security company:

Two persons (KEY HOLDERS OTHER THAN HOMEOWNERS) who can be reached at any time day or night, who are authorized to respond and to open the premises where system is installed and reset the alarm.

NAME ADDRESS PHONE

NAME ADDRESS PHONE

SIGNATURE OF APPLICANT DATE

Approval Date _____