



Madison Police Department

APPLICATION FOR ALARM PERMIT

Date: ___ / ___ / 200___

Name: (Business) _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Telephone number: (____) _____ - _____

Name: (Responsible Person) _____

Drivers License Number: _____ State: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Telephone number: (____) _____ - _____

Required Operative Alarm System

An alarm system which the owner of the premises is required to maintain in an operative condition pursuant to state law, ordinance, or rule or regulation of any governmental entity.

- Type: Business Residential
- Purpose: Duress / Robbery Police Response Fire Response
- Medical Response Other: _____

If this is a new alarm you must complete this section. Skip this section if the alarm is pre-existing and you do not know who installed it

Date installed: ___ / ___ / 200___

Installed by: _____

Address: _____

Telephone number: (____) _____ - _____ (24 Hour)

State of Alabama Electronic Security Board of Licensure Permit No.: _____

City of Madison Privilege license Number: _____

Alarm rings to: N/A Alarm monitoring company _____

Alarm monitoring company address: _____

Alarm monitoring company telephone number: (____) _____ - _____ (24 Hour)

City of Madison Privilege license Number: _____

Multi-tenant: Yes No Number of tenants: 2 3 4 5 _____

Equipped for duress or robbery: Yes No

If an emergency occurs, list in order of contact who you want notified. It will be the responsibility of the home or business owner to notify Madison Police Department of any changes to this list.

Contact One

Contact Two

Contact Three

Name _____

Address _____

Phone _____

Cell _____

Pager _____

Please describe any special circumstance(s) that officers should be aware of when responding to your alarm. For instance, vicious, dangerous or exotic animals, mentally, physically or emotionally impaired individuals, or locked closets or rooms.

The registrant certifies that he or she has read the **False Alarm Ordinance** and rules and regulations regarding the use and operation of central alarm systems within the City of Madison and that he or she agrees to be bound by the terms and conditions stated therein and any amendments hereinafter made thereto.

Signature of Registrant

For Police Department Use Only

- Alarm Inspection Complete Certificate Signed Training Complete Fees Paid

NOTES:

Date Approved: _____