

Town of Paradise Valley
Alarm Support Specialist
6401 East Lincoln Drive
Paradise Valley, AZ 85253
Telephone (480) 948-7751
Fax (480) 951-3715
www.paradisevalleyaz.gov/alarm



ALARM USER PERMIT APPLICATION

OFFICE USE ONLY

_____ Permit Number _____ Date Issued _____ Amount Paid _____

SUBSCRIBER / PROPRIETOR INFORMATION: Please Print Clearly or Type

_____ Name of Resident or Name of Business (Should be same name alarm company uses for dispatch) _____ Telephone Number at Location _____

_____ Cell Phone Number _____ Business (Day Time) Phone Number _____

Address of Alarmed location: _____

SUBSCRIBER/PROPRIETOR MAILING ADDRESS

Attn.: _____

Address: _____

City: _____ State: _____ Zip: _____

ALARM COMPANY AND/OR MONITORING COMPANY

Installed/Service by: (Name of Alarm Company): _____ Telephone Number _____

Monitored by (Name of Monitoring Company): _____ Telephone Number _____

TYPE OF ALARM (check all that apply)

Burglary Alarm _____ Panic Alarm _____ Fire Alarm _____ Audible Silent _____ Date of Installation _____

PREMISES INFORMATION

Dog(s) or Cat(s) _____ Who Owns Alarm Equipment _____

RESPONSIBLE REPRESENTATIVES

List two responsible representatives (other than the applicant) who will respond to an alarm activation to assist the Police in determining the cause of the alarm activation and to secure the premises.

Name _____ Day Telephone / Night Telephone _____

Name _____ Day Telephone / Night Telephone _____

The application fee of \$20 MUST be included with the application.

Please make check or money order payable to the Town of Paradise Valley. An addressed envelope has been included for your convenience.

APPLICANT SIGNATURE _____ DATE _____

This document is available in alternate formats upon request. Please call (480) 948-7751.