

Gilbert Police Department

Business Alarm User Permit

Office Use Only:	
Received:	
Permit #:	
Data Entry:	

Instructions: Please complete all of the sections below. For areas that are not applicable please write "NA." Please include area codes on phone numbers. Remember to sign and date the back of the application.

Fee: Include **\$10 filing fee**, check or money order made payable to **Town of Gilbert**. See back of application for fee waiver.

Mail to: Gilbert Police Department, Alarm Coordinator, 75 E. Civic Center Dr., Gilbert, AZ 85296

1. BUSINESS OWNER INFORMATI	ON	
Business Name:		
Ormanda Businasa Nama (f. s. s. Kasa	<i>h.</i>	
Corporate Business Name (if applicate	ые): 	
Owner Last Name:		(Jr.,Sr.,III,etc.)
Owner First Name:		Middle Initial:
Owner Email Address:		
Owner Home Telephone Number:		
Mobile Phone or Pager Number:		
Business Telephone Number:		
Corporate Telephone Number (if appl	licable):	
Type of Alarm:		
☐ BURGLAR ☐ ROBBERY	☐ PANIC	☐ FIRE
2. ADDRESS INFORMATION:		
Business Address:	04-4-	7in and a
City:	State:	Zipcode:
Mailing Address (if different from loca	tion):	
Citv:	State:	Zipcode:

3. ALARM INFORMAT	ION	
Alarm Company:		
Telephone Number:		Date of Installation:
Alarm Co. Address:		
City:	State:	Zipcode:
4. CONTACT PEOPLE	(one person	other than owner is required):
Contact #1 First and Las	st Name:	
Day Phone:		Night Phone:
Contact #2 First and Las	st Name:	
Day Phone:		Night Phone:
Contact #3 First and Las	st Name:	
Day Phone:		Night Phone:
Applicant Signature:		Date:
Printed Name:		
Alarm permit fee is waiv Please provide your dat		ts 65 years of age or older.
Please note any special elderly,medical alert/gua		rns in your home: deaf/blind/handicapped/ estic situations/etc.:
Did you:		Questions:

- > Fill out entire application?
- > Sign and date the application?
- > Provide date of birth if 65 years of age or older?
- > Include \$10 filing fee?

Contact the Alarm Coordinator

Phone: (480) 635-7459 Fax: (480) 635-7095 75 E. Civic Center Dr. Gilbert, AZ 85296