



Gilbert Police Department

Residential 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. HOME OWNER(S) INFORMATION

Owner #1 Last Name: _____ (Jr., Sr., III, etc.)

Owner #1 First Name: _____ Middle Initial: _____

Owner #1 Home Telephone Number _____

Owner #1 Work Telephone Number: _____

Owner #1 Email Address: _____

Owner #2 Last Name: _____ (Jr., Sr., III, etc.)

Owner #2 First Name: _____ Middle Initial: _____

Owner #2 Home Telephone Number : _____

Owner #2 Work Telephone Number: _____

Owner #2 Email Address: _____

Type of Alarm:

- BURGLAR ROBBERY PANIC FIRE

2. ADDRESS INFORMATION:

Home Address: _____

City: _____ State: _____ Zipcode: _____

Mailing Address (if different from location): _____

City: _____ State: _____ Zipcode: _____

3. ALARM INFORMATION

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 Last Name: _____

Day Phone: _____ *Night Phone:* _____

Contact #2 First and Last Name: _____

Day Phone: _____ *Night Phone:* _____

Contact #3 First and Last Name: _____

Day Phone: _____ *Night Phone:* _____

Applicant Signature: _____ ***Date:*** _____

Printed Name: _____

Alarm permit fee is waived for residents 65 years of age or older.

Please provide your date of birth: _____

Please note any special needs/concerns in your home: deaf/blind/handicapped/elderly,medical alert/guard dogs/domestic situations/etc.:

Did you:

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

Questions:

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