

APPLICANT SIGNATURE

Phoenix Police Department P. O. Box 52681

Phoenix, Arizona 85072-2681

Phone: (602) 534-0322 Fax: (602) 534-4334

ALARM SUBSCRIBER / PROPRIETOR PERMIT APPLICATION

OFFICE USE ONLY		
Permit Number I		Amount Paid
SUBSCRIBER / PROPRIETOR INFORMATION Please Print Cle	early or Type	
	()	
Name of Residence or Name of Business (should be same name alarm co	ompany uses for dispatch)	Telephone Number At Location
Address of Alarmed Location:	/Number	Suite/Apt. Number
		•
TYPE (check one) Residence Business If Busines	ss, Normal Hours	
SUBSCRIBER/PROPRIETOR MAILING ADDRESS		
Attn.:		
Address:		
City: State:	Zip:	
Name of Residence or Business Owner	() Alternate Tel	lephone Number For Owner
ALARM COMPANY AND/OR MONITORING		T. T
Installed/Serviced by:	()	
Installed/Serviced by:Name of Alarm Company		Telephone Number
Monitored by:Name of Monitoring Company	()	Telephone Number
TYPE OF ALARM (check all that apply)		1
Burglary Alarm Panic Alarm Audible	Silent Date of I	nstallation
PREMISES INFORMATION (check all that apply)	Shem Bate of I	
Dog/s Chemicals Who Ov	wns Alarm Fauinment	
Phoenix City Code Section 10-80 requires each alarm sys		
twelve-month period.	•	
RESPONSIBLE REPRESENTATIVES		
List two responsible representatives (other than the applicant) who redetermining the cause of the alarm activation and to secure the prem	-	activation to assist the Police in
r		
Name	() Dav Telephone	() Night Telephone
	_ ()	()
Name	Day Telephone	

DATE

Form 80-302D Rev 5/99