Alarm Permit Application/Renewal

For initial registration, complete this permit application and submit it with payment to the Chandler Police Department Alarm Unit. For a renewal permit, please review information for accuracy and update any necessary fields. Sign, date and return application and payment to the Chandler Police Department Alarm Unit.

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\$10.00 registration/renewal fee enclosed (Make checks r	payable to	Chandler Police Department.)

Registration Fee Waiver (Residential Alarm Users age 65 and older are exempt from the permit fee.) DOB (if exempt):

Location (physical address)		Responsible Party (mailing address)						
Name (Last , First) or Business Name		Name (Last , First)						
Street Address and Apt./Ste.		Street Address and Apt./Ste.						
State	Zip	City Sta		State	Zip			
1 Phone 2		Phone 1 Phone 2						
Email Address		Email Address						
Contact Person 1		Contact Person 2						
Name (Last , First)			Name (Last First)					
Street Address and Apt./Ste.			Street Address and Apt /Ste					
State	Zip	City		State	Zip			
otato	1.10			otato				
2		Phone 1 Phone 2						
Phone 1 Phone 2			11101102					
Email Address			Email Address					
Special Conditions:								
Monitored By		Sold By						
Name (Last , First) or Business Name		Name (Last First) or Business Name						
Street Address and Apt./Ste.		Street Address and Apt./Ste.						
State	Zip	City State		Zip				
		Phone Fax						
			•					
Email Address			Email Address					
	2 State	2 Z	Name (Last , First) State Zip State Zip City Contact Person 2 Phone 1 Name (Last , First) Name (Last , First) Name (Last , First) Street Address and Apt./Ste. Name (Last , First) Street Address and Apt./Ste. Name (Last , First) State Zip City Street Address Street Address and Apt./Ste. Name (Last , First) State Zip State Zip State Zip State Zip Street Address Sold By Street Address and Apt./Ste. Phone	Name (Last , First) Street Address and Apt./Ste. State Zip City Email Address Contact Person 2 Name (Last , First) Name (Last , First) State Zip City Email Address Contact Person 2 Street Address and Apt./Ste. State Zip City State Zip City State Zip State Zip State Zip Name (Last , First) or Business Name Street Address and Apt./Ste. Street Address and Apt./Ste.	Name (Last , First) State Zip State Zip City State state Zip Contact Person 2 Contact Person 2 State Zip City State State Zip City State Street Address and Apt/Ste. Street Address and Apt/Ste. State Zip City State State Zip City State State Zip City State Sold By Street Address and Apt/Ste. Street Address and Apt/Ste. Street Address and Apt/Ste. State Zip City State Street Address and Apt/Ste. Street Address and Apt/Ste.			

It is the alarm owner's responsibility to prevent false alarms and to ensure that all system users are properly trained. I hereby certify that the above information is accurate. I accept complete responsibility for any and all charges and/or fees incurred by installing and using this alarm system in accordance with the City of Chandler Municipal Code Chapter 24.

Signature:

Date: