



# City of 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 \_\_\_\_\_ Date Issued \_\_\_\_\_ Amount Paid

### SUBSCRIBER / PROPRIETOR INFORMATION Please Print Clearly or Type

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of Residence or Name of Business (should be same name alarm company uses for dispatch) Telephone Number At Location

Address of Alarmed Location: \_\_\_\_\_  
(One address only) Street No. (N,S,E,W) Street Name/Number (Suite/Apt. #) Zip Code

TYPE (check one) Residence \_\_\_\_\_ Business \_\_\_\_\_ If Business, Normal Hours \_\_\_\_\_

### SUBSCRIBER/PROPRIETOR MAILING ADDRESS

Attn.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of Residence or Business Owner Alternate Telephone Number For Owner

### ALARM COMPANY AND/OR MONITORING COMPANY

Installed/Serviced 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 \_\_\_\_\_ Audible \_\_\_\_\_ Silent \_\_\_\_\_ Date of Installation \_\_\_\_\_

### PREMISES INFORMATION (check all that apply)

Dog/s \_\_\_\_\_ Chemicals \_\_\_\_\_ Who Owns Alarm Equipment: \_\_\_\_\_

**Phoenix City Code Section 10-80 requires each alarm system to be inspected and serviced at least once in each twelve-month period.**

### 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 \$15 MUST be included with the application. Please make check or money order payable to the CITY OF PHOENIX. An addressed envelope has been included for your convenience.

\_\_\_\_\_  
APPLICANT SIGNATURE DATE

This document is available in alternate formats upon request. Please call 602-534-4309 or TTY City Relay at 602-434-05500