

VILLAGE OF EL PORTAL, ALARM PERMIT APPLICATION PERMIT EXPIRES SEPTEMBER 30, 20

1) Name of Business or Resident

2) Address _____

3) Zip _____ Phone _____

LOCATION OF PROPERTY FOR POLICE TO RESPOND

4) Mailing Address _____ (if not same as above)

5) City _____ State _____ Zip Code _____

OFFICE USE ONLY

PERMIT NO. _____

Your must notify your Alarm company of the VALID permit number for POLICE RESPONSE

DATE _____

Clerk _____

CK # _____ AMOUNT \$ _____

PERMIT(S) AMOUNT \$ _____

INVOICE(S) AMOUNT \$ _____

Computer Entry _____

6) Business Applicants Only:
Name, Address and Phone of
whom you rent building space from

Name: _____ Phone: _____

Address: _____

List individuals with keys to respond in case of an emergency to shut off alarm

Emergency Listing

7) Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

YOU MUST NOTIFY YOUR ALARM COMPANY OF THE VALID PERMIT NUMBER FOR POLICE RESPONSE

8) Alarm Company Servicing Alarm System _____ Phone _____

9) Alarm Company Monitoring Alarm System _____ Phone _____

10) Name of Person Completing Application _____ Phone _____

WHITE - POLICE DEPARTMENT YELLOW - ALARM USER