

FEE: \$20.00

Clerk's Office
2990 S. Pine Tree Rd.
Hobart, WI 54155

Date Paid

SECURITY ALARM USER PERMIT APPLICATION

To Expire on December 31, 20__

NAME _____ **Email Address** _____

MAILING ADDRESS _____
ADDRESS

CITY _____ **WI** _____ **STATE** _____ **ZIP** _____

TELEPHONE _____ **NUMBER OF ALARMS** _____

Please use any and all phone numbers at which you may be reached _____

ALARM ADDRESS LOCATION: _____

TYPE OF ALARM: **Residential:** Fire _____ Intrusion _____ Both _____
Business: Fire _____ Intrusion _____ Both _____

TERMINATING POINT: Check Appropriate Service

Central Monitoring Alarm Co. _____

Local Alarm _____
(Stays on premise)

NAME OF BUSINESS SELLING AND INSTALLING ALARM:

NAME OF BUSINESS MONITORING AND/OR MAINTAINING ALARM:

NAME OF LAW ENFORCEMENT OR SECURITY AGENCY RESPONDING TO ALARM:

Hobart/Lawrence Police Department **Any other:** _____

Two persons (**KEY HOLDERS OTHER THAN HOMEOWNERS**) who can be reached at any time day or night, who are authorized to respond and to open the premises where system is installed and reset the alarm.

NAME _____ **FULL HOME ADDRESS** _____ **TELEPHONE** _____ **CELL PHONE** _____

NAME _____ **FULL HOME ADDRESS** _____ **TELEPHONE** _____ **CELL PHONE** _____

SIGNATURE OF APPLICANT _____ **TODAY'S DATE** _____

PRINT NAME OF APPLICANT