

**FEE: \$15.00**

**Date Paid**  
\_\_\_\_\_

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

# SECURITY ALARM USER PERMIT APPLICATION

To Expire on December 31, \_\_\_\_\_

**NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_ **WI** \_\_\_\_\_  
**CITY 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 ADDRESS TELEPHONE CELL**  
**PHONE**

\_\_\_\_\_  
**NAME ADDRESS TELEPHONE CELL**  
**PHONE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**TODAY'S DATE**

\_\_\_\_\_  
**PRINT NAME OF APPLICANT**