

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