

For Office Use Only

FEE: \$20.00

Date Paid:  
By Check Num:  
By Online:  
Hobartwi.gov/pay-online  
Online payments only  
email application to:  
stacy@hobartwi.gov

Village of Hobart  
2990 S. Pine Tree Rd.  
Hobart, WI 54155

### SECURITY ALARM USER PERMIT APPLICATION

To Expire on December 31, 2025

Payment with a completed application required annually

Application Type (select one): RENEWAL \_\_\_\_\_ NEW \_\_\_\_\_

NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ NUMBER OF ALARMS \_\_\_\_\_

Please list 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, are authorized to respond and to open the premises where the 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