

ALLOUEZ ALARM USER PERMIT APPLICATION

ORIGINAL TO: Allouez Clerk-Treasurer, 1900 Libal St., Green Bay, WI 54301
COPY TO: Brown County Sheriff Traffic Department

NAME OF OWNER_____

LOCATION OF ALARM (Street Address)_____

PHONE # OF PERMIT HOLDER – Day _____ Night_____

NUMBER OF ALARMS INSTALLED IN HOME_____

TYPE OF ALARM

Burglary_____Armed Robbery_____Fire_____Intrusion_____
Medical Assist_____Other_____

TERMINATING POINT:

Answering Service_____Central Station_____
Direct Connection_____Local_____
Proprietary System_____

NAME OF BUSINESS SELLING, INSTALLING AND MAINTAINING ALARM:
_____PHONE NUMBER_____

NAME OF BUSINESS RESPONDING TO ALARM:
_____PHONE NUMBER_____

Two persons who can be reached any time day or night, who are authorized to respond to an alarm and open premises where system is installed.

NAME_____PHONE NO._____
NAME_____PHONE NO._____

SIGNATURE OF
APPLICANT_____DATE_____

False Alarm Fees:

First false alarm	No charge if permit is on file. \$25.00 charge if a permit is <u>not</u> on file, and an application for permit is mailed with the bill.
Second false alarm	\$ 25.00
Third false alarm	\$ 50.00
Each subsequent false alarm	\$ 75.00