

Alarm Permit Application

Alarm Permit # _____ Fee **\$25.00** Date Paid _____

Name of Business or Resident _____

Address of Alarm Location _____

Mailing Address if Different _____ Date of Birth (If Resident) _____

Phone # of Business or Residence _____ Cell # _____

Monitoring Company and Phone # _____

Responsible Alarm Contacts:

#1 - Name _____ Phone #1 _____ Phone #2 _____

#2 - Name _____ Phone #1 _____ Phone #2 _____

#3 - Name _____ Phone #1 _____ Phone #2 _____

List above the responsible persons who can respond to the alarm after notification and are knowledgeable in the basic operation of the alarm system, and are authorized and able to gain entry and secure the premise if required.

I have read the completed application and represent the same to be true and correct. I hereby agree that if a permit is issued, I will comply with all of the provisions of the city ordinance and applicable state laws. I accept the responsibility for all fees or fines that may result from the operation of the alarm system serving the above premises.

Signature _____ Date _____

Alarm permit application and \$25.00 may be brought to the Lindon Police Department at 100 North State St, Lindon, UT. The alarm permit will be issued upon receipt of the completed application and payment of \$25.00.

Approved By _____ Date _____