



ALARM PERMIT APPLICATION

West Bountiful City

POLICE DEPARTMENT
550 N 800 W, West Bountiful, UT 84087
Phone: (801) 292-4487 Fax: (801) 294-3590
www.westbountiful.utah.gov

Applicant Name: _____

Applicant Address: _____

Applicant Phone(s) Home: _____ Business: _____ Cell: _____

Owner Name, if different than above: _____

Business Name: _____ (DBA) _____

Address of Alarm: _____

Site Phone Number: _____ Alternate Number: _____

Alarm Provider Name: _____ Phone Number: _____

Address: _____ UT License # _____

Alarm monitored by: _____ Phone Number _____

Address: _____

Responsible persons (including applicant) who can respond to the alarm within twenty (20) minutes after notification, who are knowledgeable in the basic operation of the alarm system, are authorized to gain entry and able to secure the premises, if required.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I certify that the above information is true and correct to the best of my knowledge. I agree that if an alarm permit is issued, I will comply with all the provisions of the city ordinance and applicable state laws. I accept responsibility for all fees or fines that may result from the operation of the alarm system serving the premises.

Date: _____ Sign Here: _____

Applicant

FOR OFFICIAL USE ONLY

Application Received Date: _____

Permit Number: _____

Permit Issued Date: _____