

CITY OF MT. PLEASANT ALARM SYSTEM PERMIT APPLICATION

1. Alarm Site:

Name: _____

Address: _____

2. Applicant/Permittee:

Name: _____

Address: _____

Telephone # : _____

3. Alarm Type(s): FIRE BURGLAR

4. Contact Person(s):

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

5. Date of Installation/Takeover/Conversion: _____

6. Alarm Business:

Name: _____

Address: _____

Phone #: _____

State Lic. #: _____

7. Alarm System: Monitored Local

8. If Monitored, Alarm Business That Monitors:

Same as above

Name: _____

Address: _____

Phone #: _____

State Lic #: _____

A set of written operating instructions for the Alarm System, including written guidelines on how to avoid False Alarms, have been left with the Applicant.

The Alarm Business has trained the Applicant in the proper use of the Alarm System, including instructions on how to avoid False Alarms.

The above information is true and correct to best of my knowledge.

Signature

Date

APPROVED

DENIED

Signature of Alarm Administrator

Date