

Permit # _____

Cancellation of Alarm Permit

I authorize the termination of my permit and verify there is no alarm system being operated at this location.

Transfer - Change of Alarm Location

Occupant or Business Name _____ Ph 1 _____ Ph 2 _____

Address _____ Suite/Apt# _____ Dog on Premise? Yes No

City _____ State _____ Zip _____ Other hazards on the premise? _____

Change of Billing Information *(If different than above)*

Responsible Party _____ Ph 1 _____ Ph 2 _____

Address _____ Suite/Apt# _____ Receive all correspondence, renewals, and billing by email? Yes No

City _____ State _____ Zip _____ Email _____

Change of Emergency Contacts

(List in order the individuals to be called in the event we have an alarm at your location. Do not list the same number more than once)

Name _____ Ph 1 _____ Ph 2 _____ Ph 3 _____

Name _____ Ph 1 _____ Ph 2 _____ Ph 3 _____

Name _____ Ph 1 _____ Ph 2 _____ Ph 3 _____

Name _____ Ph 1 _____ Ph 2 _____ Ph 3 _____

Monitoring Company

Is your alarm monitored? Yes No Monitoring Company _____

Signature _____ **Date** _____

BELOW IS FOR POLICE USE ONLY

Permit # _____ Decal Sent _____ Date _____ Initial _____