



CLAREMONT POLICE DEPARTMENT

APPLICATION FOR ALARM PERMIT

Location Information:

Address: _____ Telephone: _____

Type: Residence Business Business Name: _____

Resident/Business Owner:

Name: _____ Date of Birth: _____

Address: _____ or Same as Location

Primary Phone: _____ Secondary Phone: _____

Name: _____ Date of Birth: _____

Address: _____ or Same as Location

Primary Phone: _____ Secondary Phone: _____

Emergency Contact Information: (Other than applicants listed above)

Name: _____ Date of Birth: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Alarm Information:

Name: _____ Telephone: _____

Type of Alarm (check all that apply):

Intrusion Alarm

Robbery/Panic

Fire

Medical

Audible

Silent

Silent and Audible

Monitored by Central Station

Signature:

I understand that it is my responsibility to keep this information current and to notify the Claremont Police Department of any changes within 10 days. I have received a copy of the Alarm Ordinance #78-43 and am aware of the penalties associated with repeated false alarms.

_____ Date: _____

Signature of Applicant

FOR OFFICIAL USE ONLY

APPROVED-PERMIT # _____

REJECTED

RIMS ENTRY BY: _____

DATE PAYMENT RECEIVED: _____ RECEIVED BY: _____