

**ALARM USER
PERMIT APPLICATION**

Date _____
User's Name _____
Address where alarm is installed _____
Main Telephone Number _____

Name of Company selling, installing, monitoring, inspecting, responding to
and/or maintaining the alarm system:

Address of Company _____
Street City State Zip
Telephone Number _____

Names of at least two (2) other persons who can be reached at any time who is
authorized to respond to an alarm signal and who can open the premises in which the
system is installed.

Telephone Number _____

Telephone Number _____

***The City is to be notified within fifteen (15) days of any changes to contact
list.***

Permit expires on December 31 each year and must be reapplied. Annual permit fee is
\$5.00.

The information on this application shall be maintained in confidence by the City to the degree permitted
by applicable State and Federal law. The information shall be restricted to inspecting by the Sac County
Sheriff and/or deputies and City Clerk.