



City of Phoenix

POLICE DEPARTMENT

P.O. Box 29122, Phoenix, Arizona 85038-29122

Phone: (602) 534-0322 Fax: (602) 534-4334

BURGLAR & FIRE ALARM SUBSCRIBER / PROPRIETOR PERMIT APPLICATION

OFFICE USE ONLY		
_____ Permit Number	_____ Date Issued	_____ Amount Paid

SUBSCRIBER / PROPRIETOR INFORMATION *Please Print Clearly or Type*

Name of Residence or Name of Business (Should be Same Name Alarm Company Uses for Dispatch) _____ Telephone Number At Location _____ ()

Address of Alarmed Location: (One Address Only) _____

City _____ Zip _____ Email Address _____

Please Check One: Residence Business If Business, Normal Hours of Operation: _____

SUBSCRIBER / PROPRIETOR MAILING ADDRESS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Owner if Different than Subscriber / Proprietor _____

_____ ()
Alternate Telephone Number For Owner

Check One Control Panel: A separate permit is required for each control panel.

1 Control Panel (Burglar Only) \$17
Burglar Panic

1 Control Panel (Fire Only) \$17
Smoke/Heat Sprinkler

1 Control Panel (Burglar & Fire) \$17
Burglar Panic Smoke/Heat Sprinkler

_____ Date of Installation

BURGLAR & FIRE ALARM COMPANY AND / OR MONITORING COMPANY

Installed/Service by: _____ ()
Name of Company Telephone Number

Monitored by: _____ ()
Name of Company Telephone Number

RESPONSIBLE REPRESENTATIVES

List at least two responsible representatives (other than the applicant) who will respond to an alarm activation within 30 minutes to assist the Police or Fire Department in determining the cause of the alarm activation and to secure the premises.

1) _____	() _____	Ext.	() _____	Ext.
Name	Daytime Telephone Number		Nighttime Telephone Number	
_____	() _____		() _____	
Relationship	Pager Number		Cell Phone Number	
2) _____	() _____	Ext.	() _____	Ext.
Name	Daytime Telephone Number		Nighttime Telephone Number	
_____	() _____		() _____	
Relationship	Pager Number		Cell Phone Number	
3) _____	() _____	Ext.	() _____	Ext.
Name	Daytime Telephone Number		Nighttime Telephone Number	
_____	() _____		() _____	
Relationship	Pager Number		Cell Phone Number	
4) _____	() _____	Ext.	() _____	Ext.
Name	Daytime Telephone Number		Nighttime Telephone Number	
_____	() _____		() _____	
Relationship	Pager Number		Cell Phone Number	

The application fee of **\$17 MUST** be included with the application. Please make check or money order payable to the **CITY OF PHOENIX**. To pay by credit card, please call 602-534-0322.

APPLICANT SIGNATURE _____

DATE _____