

CITY OF LAKE HELEN
BUILDING DEPARTMENT
Alarm Application / Information

Permit #: _____
Issue Date: _____

Fee amt: _____

Circle one:

Residential

Commercial

Alarmed Premises / Location:

Name: _____ Phone: _____

Address: _____

Business Operating Hours: Monday: _____ Tuesday: _____ Wednesday: _____
Thursday: _____ Friday: _____ Saturday: _____ Sunday: _____

Manufacturer of Alarm System: _____

Model: _____ Type: **Silent** _____ **Audible** _____
Rob/Burg _____ Burglary _____
Burglary _____ Other _____
Robbery _____ _____

Alarm Service Company: _____

Phone/Day: _____ Phone/Night: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Does the above company provide you with 24 hour monitoring? Yes No

If the answer is NO, who provides this service?

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Emergency Contact Person(s):

1. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zipcode: _____

2. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zipcode: _____

3. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zipcode: _____