

**CITY OF BURLINGTON ALARM PERMIT APPLICATION
FOR OFFICIAL USE ONLY**

Check () one of the following:

RESIDENTIAL () ADMINISTRATIVE FEE: \$10.00
 BUSINESS () ADMINISTRATIVE FEE \$10.00



ALARM PERMIT No.: _____

AMOUNT ENCLOSED: _____

PLEASE PRINT ALL INFORMATION CLEARLY AND COMPLETELY

ALARM SITE NAME & ADDRESS _____ More than 10 sensors on site? Yes No
(Include suite or apt #) (Zip Code)

ALARM COMPANY _____ CONTACT _____ PHONE # _____

ALARM TYPE: INTRUSION HOLDUP FIRE

PERMIT HOLDER'S NAME _____

(Not a company) (Last Name) (First Name) (Middle Initial)
 () () () DRIVER'S LICENSE
 Permit Holder Phone # Business Phone # Cellular/Pager No. (Number) (State)

BUSINESS NAME _____ PHONE # _____
(If applicable)

BILLING ADDRESS _____
(If different than alarm site) (Street Address) (City) (State) (Zip Code)

E-MAIL ADDRESS: _____

CONTACT PERSONS (Must be able to respond and assist Police. List must be kept current)

PRIMARY PERSON _____
(Last Name) (First Name) (Middle Initial)

PRIMARY PHONE NUMBER () _____ () _____ () _____
Phone #1 Phone #2 Phone #3

SECONDARY PERSON _____
(Last Name) (First Name) (Middle Initial)

SECONDARY PHONE NUMBER () _____ () _____ () _____
Phone #1 Phone #2 Phone #3

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of the City Code and applicable State laws. I accept responsibility of payment of all fees and fines that may result from the operation of the alarm serving the above premises.

(Date) (Signature of Permit Holder)

The permit application is renewed yearly. Renewal notices are mailed, however, it is the responsibility of the permit holder to ensure that the permit is renewed if a notice is not received. If you have any questions, please contact the Burlington Police Department between 8:00 AM and 4:00 PM, Monday through Friday at (319) 753-8352, fax (319) 753-5187.

Make check or money order payable to: City of Burlington

Send payment and application to: Burlington Police Department
 424 North Third Street
 Burlington, IA 52601

FOR OFFICE USE ONLY

<i>Date Received</i>	<i>Permit #</i>	<i>Expiration Date</i>	<i>Check/Money Order #</i>	<i>Amount Received</i>	<i>Rep. Initial</i>