

**DRAPER CITY POLICE DEPARTMENT
ALARM PERMIT APPLICATION**

Date: _____

Permit #: _____

Business Name _____ Last Name _____ First Name _____

Address of Alarm Location _____

Mailing Address _____

Draper, Utah 84020 _____

_____, Utah _____
City Zip Code

Business Phone # _____

Residential Phone # _____

Alarm Installer / Service Representative _____

Monitoring Company _____

Address _____

Address _____

_____, Utah _____
City Zip Code

_____, Utah _____
City Zip Code

Phone # _____

Phone # _____

Do you have a service / inspection agreement?

Phone # _____

Phone # _____

Do you have a service / inspection agreement? Yes _____ No _____

Responsible Alarm Contacts:

	Home Phone:	Work Phone:	Cell Phone:
Name 1: _____	_____	_____	_____
Name 2: _____	_____	_____	_____
Name 3: _____	_____	_____	_____
Name 4: _____	_____	_____	_____

List above the responsible persons who can respond to the alarm within 20 minutes after notification, who are knowledgeable in the basic operation of the alarm, and are authorized and able to gain entry and secure the premise if required.