

**LAFAYETTE CONSOLIDATED GOVERNMENT
ALARM USER PERMIT APPLICATION**

INSTRUCTIONS: You must fill out this application with the twenty-dollar (\$20.00) permit fee. Make all checks payable to the Lafayette City-Parish Consolidated Government and mail to Lafayette Police Department, Alarm/Permit Section, P.O. Box 4308 Lafayette, Louisiana 70502 or bring to police headquarters at 900 East University, Lafayette, Louisiana.

NOTE: The operation of an emergency alarm system without the required permit will subject you to a fine up to \$250.00.

PLEASE PRINT OR TYPE

Complete this section if alarm is installed in a business

Name of business _____

Representative applying _____ / _____
(Last) (First) (MI) (Title)

Driver's License Number: _____ Social Security Number: _____

Physical Address: _____
(Suite Number & Name)

Mailing Address: _____
(P.O. Box, Street Number & Name)

Telephone Number: _____ / _____ Signature: _____
Home Work

Complete this section if alarm is installed in a residence

Name of resident(s): _____

Driver's License Number: _____ Social Security Number: _____

Physical Address: _____
(Street Number)

Mailing Address: _____
(P.O. Box, Street Number & Name)

Telephone Number: _____ / _____ Signature _____
Home Work

Business and Residence Complete this section

The alarm system being registered is: New _____ Existing _____ Installation Date _____

Name and address of alarm company that you purchased your system from: _____

Alarm Company Telephone Number: _____ State License Number _____

Name and address of person(s) and company who installed your alarm system: _____

Installer's Telephone Number: _____ State License Number _____

Name and address of monitoring company (if any) _____

_____ Phone Number _____

NOTE: A separate Alarm permit is required for each alarm operated with the City of Lafayette. Example - If your company has two locations with alarms each must have an individual alarm permit, two buildings at the same address with alarms one permit.

(Website Application)