

<b>ALARM REGISTRATION</b> <b>METROPOLITAN CLERK'S OFFICE</b> <b>205 METROPOLITAN COURTHOUSE</b> <b>P.O. BOX 196321                      PHONE 615-862-6770</b> <b>NASHVILLE, TN 37219-6321        FAX 615-862-6774</b>		<b>PERMIT # (OFFICE USE ONLY)</b>  <input type="checkbox"/> DUPLICATE <input checked="" type="checkbox"/> <b>NEW</b> <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE <input type="checkbox"/> RENEW	
<b>MAKE CHECK PAYABLE TO:</b> <b>METROPOLITAN GOVERNMENT</b>		<b>ALARM MONITORING SERVICE (IF APPLICABLE)</b>  	
<b>PERMIT APPLICANT (MAILING ADDRESS)</b> NAME _____ PHONE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____		<b>LOCATION TYPE (CHECK ONE)</b> <b>COMMERCIAL</b> <input type="checkbox"/> FINANCIAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> CHURCH <input type="checkbox"/> STORE <input type="checkbox"/> RESTAURANT <input type="checkbox"/> OFFICE <input type="checkbox"/> FACTORY <input type="checkbox"/> OTHER _____	
<b>ALARM ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)</b> NAME _____ PHONE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____		<b>RESIDENTIAL</b> <input type="checkbox"/> APARTMENT <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> HOUSE <input type="checkbox"/> DUPLEX <input type="checkbox"/> OTHER _____	
<b>INDIVIDUALS TO CONTACT IN EVENT OF ALARM ACTIVATION (LIST IN PRIORITY ORDER)</b>			
1	NAME _____	PHONE NUMBER _____	PHONE NUMBER _____
2	NAME _____	PHONE NUMBER _____	PHONE NUMBER _____
3	NAME _____	PHONE NUMBER _____	PHONE NUMBER _____
<b>IF PERMIT IS FOR A COMMERCIAL SYSTEM, LIST INDIVIDUALS ACCOUNTABLE FOR ALARM</b>			
1	NAME _____	2	NAME _____
<b>NOTE: PERMITS ARE RENEWABLE BY APRIL 1ST</b> <i>DO NOT WRITE BELOW THIS LINE</i>			
NOTICE: Non-compliance with the terms of the Metropolitan Code of Laws, Section 10.60.100 shall constitute a violation, and each incidence of non-compliance shall constitute a separate violation. For additional information, contact the Metro Police Department Alarm Section at 862-7267, or the Metro Fire Department Alarm Section at 862-5230.  This application becomes public record upon submission.		<b>PERMIT FEE RECEIPT:</b>  <input type="checkbox"/> <b>\$20.00 Residential</b> <input type="checkbox"/> <b>\$50.00 Commercial</b> <input type="checkbox"/> \$ _____ <b>Other</b>  _____ DATE RECEIVED BY	

*MAKE CHECK OR MONEY ORDER PAYABLE TO METROPOLITAN GOVERNMENT*