

Total Due \$25.00
Make Checks payable to:
Fishers Police Department
Questions?
Please Call: 595-3300

TOWN OF FISHERS APPLICATION FOR ALARM PERMIT

Office Use Only
Permit # _____
Issue Date _____
Exp. Date _____

Residential Alarm

Name of Applicant _____
Home Phone _____ Work _____ Cell _____
Home Address _____ Zip Code _____

Business Alarm

Business: _____ Bus. Phone: _____
Address: _____ Zip Code: _____
Nature of Business: _____
Normal Business Hours: _____

Alarm Information

Installed By: _____
Effective Operational Date: _____

Persons or Alarm Business to be Notified: If Emergency Contact is necessary
and homeowner or business rep is not available.

Name: _____ Home Phone _____
Address _____ Zip Code _____
Work Phone _____ Cell Phone _____

Name: _____ Home Phone _____
Address _____ Zip Code _____
Work Phone _____ Cell Phone _____

I hereby affirm under penalty of perjury that the foregoing facts contained herein are true and that the alarm system for which this permit is being applied does not violate Town of Fishers Ordinance 070589A

Signature of Applicant

Date

Mail to: Fishers Police Department
4 Municipal Drive
Fishers, IN 46038