ALTON POLICE DEPARTMENT

ALARM SYSTEM PERMIT

Name (Owner): _____
(last) (first)

Alarm Address: _____Home__Bus__

Mailing Address: _____

Phone # Home: _____ Work: _____ Other: _____

Monitored by: _____Phone # _____

Alarm Type: Direct Tie-in ___ Digitial ___ Local/Audible ___ Auto Telephone Dialer ___ Other _____

Alarmed for: Fire ___ Burglary ___ Hold-up ___ Medical Emergency ___ Freeze-up ___ Other _____

Area(s) Alarmed: _____

Location of Reset: _____

Contact Person(s)

(1) _____ Ph# _____

(2) _____ Ph# _____

(3) _____ Ph# _____

Directions to and Description of Property:

_____

_____

_____

_____

_____

_____

_____