

New OR Renewal

SL Acct# _____

SHOW LOW POLICE DEPARTMENT

RESIDENTIAL OR BUSINESS ALARM SYSTEM APPLICATION

NAME _____
PHYSICAL ADDRESS _____
MAILING ADDRESS _____
PHONE NUMBER _____

ARE YOU 65 OR OLDER AND ELIGIBLE TO BE EXEMPT FROM ANNUAL RENEWAL FEES: Yes _____ No _____

Is this alarm system monitored by someone other than yourself?
Yes _____ No _____

If yes, furnish the following information:

MONITOR NAME _____
MAILING ADDRESS _____
TELEPHONE NUMBER _____

Please list two (2) persons who have access to the business/residence in case of any alarm or an emergency:

NAME _____ NAME _____
ADDRESS _____ ADDRESS _____
DAY PHONE _____ DAY PHONE _____
NIGHT PHONE _____ NIGHT PHONE _____

ANY CHANGE IN THE ABOVE NAMES MUST BE REPORTED TO THE POLICE DEPARTMENT IMMEDIATELY.

PLEASE BRING OR MAIL YOUR COMPLETED APPLICATION AND PAYMENT OF \$20.00 TO:

CITY OF SHOW LOW – FINANCE DEPT.
ATTN: LYNN
180 N. 9TH ST.
SHOW LOW, AZ 85901

SIGNATURE, ALARM OWNER

DATE

ALARM PERMIT WILL NOT BE ISSUED IF THE REVERSE SIDE OF THIS FORM IS NOT COMPLETED AND COMPLIED WITH.

OFFICE USE ONLY

____ Paid or Exempt Cash or Check # _____
____ Copy to Lynn at Finance
____ Copy to Dispatch
____ Added to master list
____ Added to mailing label list
____ Added to alarm doc
____ Mailed 20__ permit.
Date: _____