

ALARM SYSTEM PERMIT APPLICATION
CITY ORDINANCE 1141-95

PERMIT NO. _____

CITY OF DESOTO

Please Print.

DATE OF APPLICATION: _____ RENEWAL DATE: _____

TYPE OF SYSTEM: BUSINESS RESIDENCE APARTMENT
SR. CITIZEN: (Over 65 Yrs.) YES NO
BIRTH DATE: _____

NAME OF APPLICANT: _____
LAST FIRST MI

ADDRESS OF APPLICANT: _____
STREET CITY ST ZIP

TELEPHONE OF APPLICANT: HOME: _____ WORK: _____

LOCATION OF SYSTEM: _____
STREET CITY ST ZIP

NAME OF BUSINESS: _____

ALARM COMPANY: _____

ALARM COMPANY ADDRESS: _____
CITY ST ZIP

ALARM COMPANY PHONE NUMBER: _____ EXT: _____

1ST CONTACT PERSON: _____ HOME # _____ WORK # _____

2ND CONTACT PERSON: _____ HOME # _____ WORK # _____

FEES PAID: YES NO AMOUNT PAID \$ _____

SIGNATURE OF APPLICANT: _____ ISSUED BY: _____ ENTERED BY: _____