



City of Phoenix
 Police Department
 P.O. Box 52681, Phoenix, Arizona 85072-2681
 Phone: (602) 534-0322 Fax: (602) 534-4334

BURGLAR & FIRE ALARM SUBSCRIBER / PROPRIETOR PERMIT APPLICATION

Permit Number _____	OFFICE USE ONLY	Date Issued _____	Amount Paid _____
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SUBSCRIBER / PROPRIETOR INFORMATION Please Print Clearly or Type

Name of Residence or Name of Business (should be same name alarm company uses for dispatch) _____ Telephone Number At Location _____

Address of Alarmed Location: (One address only) _____
 City _____ Zip _____ Email Address: _____

(Check One) Residence _____ Business _____
 If Business, Normal Hours _____

Check One Control Panel. A separate permit is required for each control panel.

SUBSCRIBER / PROPRIETOR MAILING ADDRESS

Attn _____
 Address _____
 City _____ State _____ Zip _____
 Name of Residence or Business Owner _____
 Alternate Telephone Number for Owner
 () _____

_____ 1 Control Panel (Burg Only) \$15
 Burglar _____ Panic _____
 _____ 1 Control Panel (Fire Only) \$15
 Smoke/ Heat _____ Sprinkler _____
 _____ 1 Control Panel (Burg & Fire) \$15
 Burglar _____ Panic _____ Smoke/ Heat _____ Sprinkler _____
 Date of Installation _____

BURGLAR & FIRE ALARM COMPANY AND/OR MONITORING COMPANY

Installed/Service by: _____
 Name of Company _____ Telephone Number _____
 Monitored by: _____
 Name of Monitoring Company _____ Telephone Number _____

RESPONSIBLE REPRESENTATIVES

List at least two responsible representatives (other than the applicant) who will respond to an alarm activation to assist the Police or Fire Department in determining the cause of the alarm activation and to secure the premises.

1.) _____	() _____	() _____
Name _____	Day Telephone _____	Night Telephone _____
_____	() _____	() _____
Extension Number / Relationship _____	Pager Number _____	Mobile Number _____
2.) _____	() _____	() _____
Name _____	Day Telephone _____	Night Telephone _____
_____	() _____	() _____
Extension Number / Relationship _____	Pager Number _____	Mobile Number _____
3.) _____	() _____	() _____
Name _____	Day Telephone _____	Night Telephone _____
_____	() _____	() _____
Extension Number / Relationship _____	Pager Number _____	Mobile Number _____
4.) _____	() _____	() _____
Name _____	Day Telephone _____	Night Telephone _____
_____	() _____	() _____
Extension Number / Relationship _____	Pager Number _____	Mobile Number _____

The application fee of **\$15 MUST** be included with the application. Please make check or money order payable to the **CITY OF PHOENIX**.

APPLICANT SIGNATURE _____ DATE _____