Alarm System User Permit Application

City of Canton
221 E. Marietta Street
Canton, Georgia 30114

This application is for a (check one):
[ ] Business [ ] Residence

Boxes indicated with an * are required fields. Incomplete or illegible applications cannot be processed.

* Last Name * First Name * Middle Initial

If a business location, provide Business Trade Name and Corporate Ownership information

* Street Number *Street Name E-mail Address

* Apt / Suite Number * City * State * Zip Code

* Home Phone * Work Phone * Cell Phone

2.* Mailing Address (if different from the alarm location)
Street Number Street Name

Apt / Suite # City State Zip Code

3.List two (2) people to contact in the event of an alarm (must be able to respond within 30 minutes)
* Last Name # 1 * First Name

* Home Phone * Work Phone * Cell Phone

* Last Name # 2 * First Name

* Home Phone * Work Phone * Cell Phone

4. Alarm Company Information
* Company Name *Addresss * Phone Number

Low Voltage License #

5.Monitoring Company Information (if different from Alarm Company)
* Company Name *Address * Phone Number

6. Special Conditions at location (i.e., watchdog, disabled persons, hazardous materials, etc)

Please complete this form and return it immediately to : Canton Police Department
221 E. Marietta St
Canton, GA 30114
Or Fax to: 770-345-1409