

# GLENDALE POLICE DEPARTMENT ALARM PERMIT APPLICATION



## Glendale Police Department

Alarm Coordinator  
6835 N. 57th Drive  
Glendale, AZ 85301

### OFFICIAL USE ONLY

PERMIT # : \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

**THIS ALARM PERMIT APPLICATION CAN ALSO BE COMPLETED AT: [www.glendaleaz.com/police](http://www.glendaleaz.com/police)**

ALARM LOCATION TYPE: Residential  Business

ALARM TYPE: Burglar / Perimeter  Panic / Robbery

### BUSINESS NAME / NAME OF RESIDENT

Doing Business As \_\_\_\_\_

<b>ADDRESS OF ALARMED LOCATION</b>	Address	Building # Suite #	
	City	Zip	
<b>Home / Business</b>	Phone #	Cell #	OTHER #

### MAILING INFORMATION IF DIFFERENT THAN ALARM LOCATION (Parent Co., P.O. Box, Corporate Address)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**IF YOU WOULD PREFER TO RECEIVE CORRESPONDENCE VIA EMAIL, PLEASE PROVIDE YOUR EMAIL ADDRESS**

### EMAIL ADDRESS:

### ALARM COMPANY AND/OR MONITORING COMPANY

Installed/Service By \_\_\_\_\_ Phone # \_\_\_\_\_

Monitored By \_\_\_\_\_ Phone # \_\_\_\_\_

### RESPONSIBLE REPRESENTATIVE / CONTACT INFORMATION

List two responsible representatives (other than the applicant) who will respond to an alarm activation within 30 minutes to assist the Police Department in determining the cause of the alarm activation and to secure the premises.

1) LastName \_\_\_\_\_ FirstName \_\_\_\_\_ Position or Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

2) LastName \_\_\_\_\_ FirstName \_\_\_\_\_ Position or Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

### Authorized Signature:

Glendale Alarm Ordinance Coordinator: (623) 930-2466

Email: [AlarmCoordinator@glendaleaz.com](mailto:AlarmCoordinator@glendaleaz.com)