



Annual Alarm User Permit Application
Permit fee: \$10.00

For more information on Alarm User responsibilities, visit maricopa-az.gov. All sections of the form are required in order for the permit to be processed. Information on this application may be shared with your alarm service provider. Provide any additional information, i.e. weapons, cars, pets, on the back of this form.

Alarm Type: Residential Business Permit Type: New Renewal

Date placed into operation: _____

Name of owner or occupant: _____

Alarm User or Business Name (if different than above): _____

Service Address: _____

City: Maricopa State: Arizona Zip Code: _____

Mailing Address (same as service address): _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Primary Phone # () Alternate Phone # ()

Alternate contacts/key holders for alarm notification: _____

Name: _____ Phone # ()

Name: _____ Phone # ()

Alarm monitoring company: _____

Name: _____ Phone # ()

Type of Alarm System: Burglar Fire Medical Panic Audible

I hereby certify that my alarm system has been inspected and, if necessary, maintained by a licensed alarm business or the primary user of this system. I have been instructed on how to use this system. The information is accurate to the best of my knowledge. I also accept complete responsibility of any and all charges, and/or fees accrued by my alarm system in accordance with the City of Maricopa alarm ordinance currently in effect.

Signature: _____ Date: _____

Make checks payable to City of Maricopa. Mail to P.O. Box 610, Maricopa, AZ 85139, Attn: Alarm Permit