



# 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

OFFICE USE ONLY		
_____ Permit Number	_____ Date Issued	_____ Amount Paid

### 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

Please Check One: Residence  Business  If Business, Normal Hours of Operation: \_\_\_\_\_

### SUBSCRIBER / PROPRIETOR MAILING ADDRESS

\_\_\_\_\_  
 Name:

\_\_\_\_\_  
 Address:

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

\_\_\_\_\_  
 Name of Owner if Different than Subscriber / Proprietor

( )  
 Alternate Telephone Number For Owner

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

1 Control Panel (Burglar Only) \$15  
 Burglar  Panic

1 Control Panel (Fire Only) \$15  
 Smoke/Heat  Sprinkler

1 Control Panel (Burglar & 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 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	( ) Daytime Telephone Number Ext.	( ) Evening Telephone Number Ext.
_____	( ) Pager Number	( ) Cell Phone Number
Relationship		
2) _____ Name	( ) Daytime Telephone Number Ext.	( ) Evening Telephone Number Ext.
_____	( ) Pager Number	( ) Cell Phone Number
Relationship		
3) _____ Name	( ) Daytime Telephone Number Ext.	( ) Evening Telephone Number Ext.
_____	( ) Pager Number	( ) Cell Phone Number
Relationship		
4) _____ Name	( ) Daytime Telephone Number Ext.	( ) Evening Telephone Number Ext.
_____	( ) Pager Number	( ) Cell Phone Number
Relationship		

The application fee of **\$15 MUST** be included with the application. Please make check or money order payable to the **CITY OF PHOENIX**. To pay by credit card, please call 602-534-0322.

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE