



## Annual Alarm User Permit Application

Permit fee: \$10.00

For more information on Alarm User responsibilities, visit [maricopa-az.gov](http://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: CRITICOM MONITORING SERVICES Phone # ( 800 ) 482-9800

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