



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: _____

(Check One) Residence _____ Business _____

If Business, Normal Hours _____

SUBSCRIBER / PROPRIETOR MAILING ADDRESS

Attn _____

Address _____

City _____

State _____

Zip _____

Name of Residence or Business Owner _____

Alternate Telephone Number for Owner

() _____

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

_____ 1 Control Panel (Burg Only) \$15

Burglar _____ Panic _____

_____ 1 Control Panel (Fire Only) \$15

Smoke/ Heat _____ Sprinkler _____

_____ 1 Control Panel (Burg & Fire) \$15

Burglar _____ Panic _____ Smoke/ Heat _____ Sprinkler _____

Date of Installation _____

BURGLAR & FIRE ALARM COMPANY AND/OR MONITORING COMPANY

Installed/Service by: PROTECT AMERICA, INC. (800) 951-5111

Name of Company

Telephone Number

Monitored by: CRITICOM MONITORING SVCS

(877) 274-0604

Name of Monitoring 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 _____	Day Telephone _____	Night Telephone _____
Extension Number / Relationship _____	Pager Number _____	Mobile Number _____
2.) _____	() _____	() _____
Name _____	Day Telephone _____	Night Telephone _____
Extension Number / Relationship _____	Pager Number _____	Mobile Number _____
3.) _____	() _____	() _____
Name _____	Day Telephone _____	Night Telephone _____
Extension Number / Relationship _____	Pager Number _____	Mobile Number _____
4.) _____	() _____	() _____
Name _____	Day Telephone _____	Night Telephone _____
Extension Number / Relationship _____	Pager Number _____	Mobile Number _____

The application fee of **\$15 MUST** be included with the application. Please make check or money order payable to the **CITY OF PHOENIX**.

APPLICANT SIGNATURE _____

DATE _____