



# Alarm User Permit Application

Complete the entire application. **Incomplete applications will be returned.**

Sign and date the application and return with appropriate fees.

**This is for a:**    Single-Family Residence    Business    Multi-Family

*For Office Use Only*

Permit Number \_\_\_\_\_

Date Received \_\_\_\_\_

Amount \_\_\_\_\_

Cash/Check # \_\_\_\_\_

## 1. Alarmed Location

Street Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_ City HOPKINS ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address(es): \_\_\_\_\_

### Mailing/Billing Address (only if different from above)

Street Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

### Property Owner

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

### Additional Alarm Users (or keyholders)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

## 2. Type of Alarm Function

**Fire Alarm System - \$10.00**      Waterflow      Heat/Smoke Detection      Manual

**Police Alarm System - \$10.00**      Burglary      Panic/Medical      Hold-Up

## 3. Alarm Companies

Alarm Service Company Name \_\_\_\_\_ 24-Hour Phone \_\_\_\_\_

Alarm Monitoring Company Name \_\_\_\_\_ 24-Hour Phone \_\_\_\_\_

## 4. Additional Information

Provide any special information about the home/building (trap doors, animals or pets inside, things that may explode, chemicals on site, firearms on site, etc), lock box or key box and location.

### Authorization

I hereby authorize the Hopkins Fire Department to notify the fire alarm/sprinkler service company if a service call is necessary and my keyholder is unavailable. (Optional) **X** Signature \_\_\_\_\_

**All alarm systems are subject to false alarm charges, fees and penalties according to City Ordinance. I have reviewed the Hopkins Alarm Ordinance and understand its contents and my responsibilities.**

**X** Signature \_\_\_\_\_ Date \_\_\_\_\_