

MONROVIA POLICE DEPARTMENT

60 Marley Way
 Monrovia, IN 46157
 (317) 996-6117

PERMIT #: _____

Issue Date: _____

(Will be entered by MNPD personnel or designated Town personnel)

ALARM PERMIT APPLICATION

FOR RESIDENCE
FOR BUSINESS

APPLICANT INFORMATION				
Last Name		First		M.I.
Street Address			Apartment/Unit #	
City, State, ZIP		Phone		
Business Name			Business Phone	
Business Address				
City, State, ZIP				
Type of Alarm:	Residence <input type="checkbox"/>	Business <input type="checkbox"/>		
KEYHOLDERS				
<i>Contacts to be notified of alarm that have agreed to: receive notification at any time of an alarm, come to the alarm premise/site within 30 minutes after receiving a request from Municipal Emergency Services, and are able to grant access to the alarm premise/site and deactivate the alarm system if necessary. (Minimum of 2 contacts required)</i>				
Full Name			Phone	
Address				
Full Name			Phone	
Address				
Full Name			Phone	
Address				
Pertinent Information: (Guard dog or other animals, key with neighbor, etc.)				
ALARM SYSTEM				
Company			Phone	
Address			Effective Date	
A permit sticker will be issued upon receipt of \$10 payment and completed application.				
<i>The permit holder shall promptly notify the Monrovia Police Department in writing of any change in the information contained in the permit application at above address or via email at marshal@monrovia.in.gov</i>				
I hereby affirm under penalty of perjury that the foregoing facts contained herein are true and that the alarm system for which this permit is being applied does not violate the Town of Monrovia Ordinance				
Signature of Applicant			Date	