

**PORTAGE FIRE DEPARTMENT
ALARM USERS PERMIT APPLICATION**

**BUSINESS/
RESIDENCE**

Name _____ Address _____

Phone _____ Fax _____ E-Mail _____

Business Hours	<u>SUN</u>	<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THU</u>	<u>FRI</u>	<u>SAT</u>
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(Indicate hours of business for each day)

EMERGENCY CONTACTS (3 emergency contacts are required. List in preferred calling order)

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

GENERAL INFORMATION ("X" all applicable boxes. Please fill out completely)

Type of alarm site Business Type _____

Commercial/Industrial Single Residence Multiple Dwelling Other

Is there a knox box? Yes No

Where is the knox box located? _____

ALARM INFORMATION

Date Alarm Installed: _____

Alarm Company _____ Address _____ Phone _____

Type of Alarm(s) _____

On Premise Audible Monitored at Alarm Company

This permit is authorized for an alarm system on this premises only. Additional sites require additional permits. This permit is not intended to certify the operability or effectiveness of the alarm equipment system or any portion thereof. The issuing agency reserves the right to revoke this permit for violations of any state law or ordinance relating to the operation of the alarm system.

APPLICANT SIGNATURE _____

FIRE DEPARTMENT AUTHORIZATION _____

Please return this form to the Portage Fire Department, 7830 Shaver Road, Portage, Michigan 49024
Phone 269-329-4487 Fax 269-329-4489