

Town of Greentown, Police Department
ALARM PERMIT APPLICATION

Business/Commercial Alarm Fee \$25.00
Residential Alarm Fee \$10.00

Revised (No Fee Required)
Fee EXEMPT

Please Print

1. Alarm Address: _____
(street) (apt. no.) Greentown IN 46936
(city) (state) (zip)

2. Alarm User:
Name: _____ Telephone No.: _____
Mailing/Billing Address: _____
(street) (apt. no.) (city) (state) (zip)

3. Contact #1: *Someone at another address to be contacted if necessary.*
Name: _____ Area Code/Telephone No. _____
Address: _____

4. Contact #2: *Someone at another address to be contacted if necessary.*
Name: _____ Area Code/Telephone No.: () _____
Address: _____

5. Installation Conversion Takeover Date: _____
New Permit Required Revised Permit Only New Permit Required

6. Installed By:
Name: _____
Company Name: _____ Telephone No.: _____
Address: _____
(street) (apt. no.) (city) (state) (zip)

7. Serviced by: Installer Other (If other, specify below)
Company Name: _____ Telephone No.: _____
Address: _____
(street) (city) (state) (zip)

8. Monitored by:
Company Name: _____ Telephone No.: _____
Address: _____
(street) (city) (state) (zip)

This section must be completed and signed by both the Alarm User/Permit Holder and the Alarm Installer.
 A copy of system operating instructions has been provided to me by the alarm agent.
 I have been trained in the proper use of the alarm system and instructed on how to avoid false alarms.

Signature _____ Signature _____
Permit Holder Alarm Installer

Make checks payable to: **Town of Greentown**
Remit to: **Town Clerk**
P. O. Box 247
112 N. Meridian St.
Greentown, Indiana 46936
(765) 628-3263

<i>For Office Use Only</i>	
Date:	_____
Amount Enclosed:	_____
Permit Number:	_____