GLENDALE POLICE DEPARTMENT ALARM PERMIT APPLICATION



Glendale Police Department

Alarm Coordinator 6835 N. 57th Drive Glendale, AZ 85301

	OFFICIAL USE ONLY		
PE	RMIT #:		
DA	TE ISSUED:		

THIS ALARM PERMIT APPLICATION CAN ALSO BE COMPLETED AT: www.glendaleaz.com/police

ALADMIC		WDE. D.:1.4:1 \B.:					
ALARM LC	CATION I	YPE: Residential Business					
ALARM TY	PE: Burg	lar / Perimeter Panic / Rol	obbery				
BUSINESS	NAME / NA	AME OF RESIDENT					
Doing Business	As						
ADDRESS ALARME			Building # Suite #				
LOCATIO	City		Zip				
Home / Busin	Phone #	Cell#	OTHER#				
MAILING	G INFORMAT	TION IF DIFFERENT THAN ALARM LOCA	CATION (Parent Co., P.O. Box, Corporate Address)				
Last Name First Name							
Address			Apt/Suite				
City			State Zip				
IF YOU W	OULD PREFE	R TO RECEIVE CORRESPONDENCE VIA EM	MAIL, PLEASE PROVIDE YOUR EMAIL ADDRESS				
EMAIL AD	DRESS:						
	A	LARM COMPANY AND/OR MONI	ITORING COMPANY				
Installed/Service	ed By		Phone #				
Monitored By			Phone #				
	RES	PONSIBLE REPRESENTATIVE / CO	ONTACT INFORMATION				
List two re	esponsible re	presentatives (other than the applicant) when	who will respond to an alarm activation within 30				
minutes to a	ssist the Poli	ice Department in determining the cause of	of the alarm activation and to secure the premises				
1) <u>I</u>	astName	FirstName	Position or Relationship				
F	Phone #		Phone #				
2) Ī	LastName	FirstName	Position or Relationship				
_ P	hone #		Phone #				

Authorized Signature: