



Amount: \$50.00 – One Time Fee
Acct. #100.01.02.00.4266 (2-217)
Receipt # _____

ALARM SYSTEM APPLICATION AND PERMIT

Type of Alarm: _____ Residential _____ Business

Property Owner Information

Name Phone Number Email Address

Address City / State / Zip

If property is a business list name, address and position of applicant applying for the permit.

Alarm System Company Information

Company Name 24-Hr. Phone Number

Address City / State / Zip

Alarm System Information - Select all that apply

Alarm Signal: Audio Visual Silent

Note: Automatic dialer not permitted to Police Department. Central Station personnel may relay auto dialer message.

Event Detected Intrusion Holdup Both Fire Other

Persons Able to Respond to Alarm within ½ Hour (Other than property owner)

Name Address Phone

Name Address Phone

X _____
Applicant's Signature

X _____
Date

.....
Permit # _____ Municipal Code Chapter 129 provided: _____

Permission to install and/or modify the above described alarm system application, subject to the provisions of Chapter 129 of the City of Muskego Ordinances is herein:

Granted _____ Refused _____

Authorization, Police Chief or Designee

Date