



# City of Tifton Police Alarm Permit/Application



This Permit must be filled out completely. Omissions will result in denial and loss of registration fee. Permit will be issued in the name of the individual whose signature appears at the bottom of this form. Permit must be signed. There will be a \$10.00 registration fee. The registration fee is non-refundable and non-transferable.

**PERMIT #**

## **1. THIS SECTION FOR RESIDENTIAL ALARM SITE:**

Permit Holder/Person  
In Control of Property: \_\_\_\_\_

Physical Address of  
Alarm site/zip: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mobile/Cell  
Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

## **2. THIS SECTION FOR COMMERCIAL ALARM**

Name of Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email/Pager: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Manager/Person In Control Of Property: \_\_\_\_\_

Address of Permit Holder/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Pager/email: \_\_\_\_\_

**PERSONS WHO HAVE AGREED TO RECEIVE NOTIFICATION FROM THE POLICE DEPARTMENT TO GO TO THE SITE AND DEACTIVATE OR RESET ALARM**

1. Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address of \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Representative: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

2. Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address of \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Representative: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

3. Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address of \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Representative: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

**ALARM SERVICE TO MONITOR SYSTEM**

Name of Company: \_\_\_\_\_ Address/Zip: \_\_\_\_\_  
\_\_\_\_\_

Emergency Local Phone: \_\_\_\_\_ 1-800 Number: \_\_\_\_\_

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**ADDITIONAL INFORMATION:**

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I have carefully read and completed the above application and state that all the information given is true. I fully understand the provision of City Ordinance # 2001-027 and agree to comply with said ordinance. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system installed at the above site.

Date Submitted: \_\_\_\_\_

Signed by: \_\_\_\_\_