

For initial registration, complete this permit application and submit it with payment to the Chandler Police Department Alarm Unit. For a renewal permit, please review information for accuracy and update any necessary fields. Sign, date and return application and payment to the Chandler Police Department Alarm Unit.

# \_\_\_\_\_

\$10.00 registration/renewal fee enclosed (Make checks payable to Chandler Police Department.)

Registration Fee Waiver (Residential Alarm Users age 65 and older are exempt from the permit fee.)

DOB (if exempt): \_\_\_\_\_

Location (physical address)				Responsible Party (mailing address)			
Name (Last , First) or Business Name				Name (Last , First)			
Street Address and Apt./Ste.				Street Address and Apt./Ste.			
City	State	Zip		City	State	Zip	
Phone 1	Phone 2			Phone 1	Phone 2		
Email Address				Email Address			
Contact Person 1				Contact Person 2			
Name (Last , First)				Name (Last , First)			
Street Address and Apt./Ste.				Street Address and Apt./Ste.			
City	State	Zip		City	State	Zip	
Phone 1	Phone 2			Phone 1	Phone 2		
Email Address				Email Address			
Special Conditions:							
Monitored By				Sold By			
Name (Last , First) or Business Name				Name (Last , First) or Business Name			
Street Address and Apt./Ste.				Street Address and Apt./Ste.			
City	State	Zip		City	State	Zip	
Phone	Fax			Phone	Fax		
Email Address				Email Address			

*It is the alarm owner's responsibility to prevent false alarms and to ensure that all system users are properly trained. I hereby certify that the above information is accurate. I accept complete responsibility for any and all charges and/or fees incurred by installing and using this alarm system in accordance with the City of Chandler Municipal Code Chapter 24.*

Signature: \_\_\_\_\_

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