GLENDALE POLICE DEPARTMENT ALARM PERMIT APPLICATION



Glendale Police Department

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

	<u>OFFICI</u>	AL USE ONLY
PE	RMIT#:	
DA	TE ISSUED:	

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

	O LETTON TO	DE			
ALARM LO	CATION TY	PE: Residential Business	S		
ALARM TY	PE: Burglan	r / Perimeter Panic / P	Robbery		
BUSINESS	NAME / NAN	ME OF RESIDENT			
Doing Business	As				
ADDRESS OI ALARMED LOCATION			Building # Suite #		
	City		Zip		
Home / Busin	ess Phone #	Cell#	OTHER#		
MAILING	G INFORMATIO	ON IF DIFFERENT THAN ALARM LO	OCATION (Parent Co., P.O. Box, Corporate Address))	
Last Name		First Name	2		
Address			Apt/Suite		
City			State Zip	_	
IF YOU WO	OULD PREFER	TO RECEIVE CORRESPONDENCE VIA	A EMAIL, PLEASE PROVIDE YOUR EMAIL ADDRESS	_	
EMAIL AD	DRESS:				
	AL	ARM COMPANY AND/OR MO	ONITORING COMPANY		
Installed/Service	d By		Phone #		
Monitored By			Phone #		
	RESPO	ONSIBLE REPRESENTATIVE / (CONTACT INFORMATION		
List two responsible representatives (other than the applicant) who will respond to an alarm activation within 30 minutes to assist the Police Department in determining the cause of the alarm activation and to secure the premises.					
1) <u>I</u>	astName	FirstName	Position or Relationship		
P	hone #		Phone #		
2) Ī	astName	FirstName	Position or Relationship		
P	hone #		Phone #		

Authorized Signature: