

Alarm Permit Application

Please Print or Type (Large and Legibly)

Date _____

Permit # _____

Business Name or Resident: Last Name First Name

Address of Alarm Location (include coordinates) Unit# Zip Code

Mailing Address (if different from alarm location)

Residential Phone # Business Phone #

Alarm Installer/ Service Representative (company) Address Phone #

Monitoring Company Address Phone #

Do you have a service/inspection agreement? Yes No

Responsible Alarm Contacts

1. Last Name First Name Phone # 1 Phone # 2

2. Last Name First Name Phone # 1 Phone # 2

3. Last Name First Name Phone # 1 Phone # 2

4. Last Name First Name Phone # 1 Phone # 2

List above the responsible persons who can respond to the alarm within 20 minutes after notification, who are knowledgeable in the basic operation of the alarm system, and is authorized and able to gain entry and secure the premise if required.

Check appropriate jurisdiction:

Jurisdiction	Phone	Fax
<input type="checkbox"/> Midvale Police Department	801-567-7274	801-561-0379
<input type="checkbox"/> Murray Police Department	801-264-2673	801-264-2568
<input type="checkbox"/> Ogden Police Department	801-629-8059	801-629-8086
<input type="checkbox"/> Salt Lake City Police Department	801-799-3113	801-799-3108
<input type="checkbox"/> Sandy City Police Department	801-568-7179	801-568-7190
<input type="checkbox"/> South Jordan Police Department	801-254-4708	801-253-2210
<input type="checkbox"/> South Salt Lake Police Department	801-483-6082	801-412-3283
<input type="checkbox"/> University of Utah Police Department	801-585-9290	801-581-7193
<input type="checkbox"/> West Jordan Police Department	801-256-2000	801-562-2105
<input type="checkbox"/> West Valley City Police Department	801-955-4127	801-955-4101