

APPLICATION FOR ALARM PERMIT

CITY OF HELENA/LEWIS & CLARK COUNTY FIRE AND INTRUSION ALARM SERVICE

Business Name/Resident Owner's Name

Alarm Address

Phone Number

Owner/Mailing Address

Phone Number

Business/Person responsible for alarm maintenance:

Name

Street Address/PO Box

TYPE OF ALARM:

(Check all that Apply)

Commercial

Intrusion

Silent

Other (Specify) _____

Residential

Fire

Audible

Alarm Manufacturer _____

Phone Number

City, State, Zip

List contact person for deactivating alarm when owner or subscriber is unavailable:

Name

Street Address/PO Box

Phone Number

City, State, Zip

Name

Street Address/PO Box

Phone Number

City, State, Zip

Name

Street Address/PO Box

Phone Number

City, State, Zip

List ammunition, explosives, flammable liquids, poisonous or hazardous materials on property:

List animals left in building protected by alarm:

Monitoring company's address:

Name

Street Address/PO Box

Phone Number

City, State, Zip

Dated this _____ Day of _____, 20_____.

Subscriber/Representative Signature

Phone

APPLICATION APPROVED

Support Services Division Approval/Date

Alarm Permit Number

Amount _____

Cash OR Check # _____