

**APPLICATION FOR ALARM USER PERMIT
GRAND RAPIDS, MICHIGAN**

Application Type: **Renewal** **New** **Cancellation**

Name of business or person protected by this alarm (NOT the name of alarm company).

Name _____ **Phone Number** _____

Address _____ **Zip Code** _____

Federal ID #(Business only) _____

Premises Type:

Commercial/Industrial
Government/Non-Profit
Residence

Alarm Type:

Hold-up
Intrusion
Both

Alarm Owner (NOT the name of alarm company)

Owner **Lessee** **Manager** **Resident** **Other**

Name _____

Address _____

Home Phone _____ **Business Phone** _____

Contact person(s) (Others to contact in emergency of alarm activation).

Name	Phone #'s	Key (Y or N)?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Alarm Installer:

Name _____

Address _____

Phone # _____

Alarm monitored by:

Name _____

Address _____

Phone # _____

I certify the above to be correct and true to the best of my knowledge. I hereby apply for a permit from the City of Grand Rapids, Michigan to operate the described alarm system on the listed premises.

Signed _____

Date _____

Mail to:
Grand Rapids Police Dept
Support Services Division
Alarm Permits
1 Monroe Center NW
Grand Rapids, MI 49503