

**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)?
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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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