

CITY OF THE VILLAGE
ALARM PERMIT APPLICATION

CUSTOMER / RESIDENT NAME: _____

ADDRESS: _____

PHONE: _____

EMERGENCY NAME AND PHONE NUMBER: _____

ALARM COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

EMERGENCY NAME AND PHONE NUMBER: _____

TYPE OF ALARM: SILENT _____ LOUD _____ PHONE-IN _____ PANIC _____

ADDITIONAL COMMENTS / SPECIAL INSTRUCTIONS: _____

DATE OF INSTALLATION: _____ **BY:** _____

*** **NOTE:** *PHONE-IN ALARMS MUST UTILIZE (405)751-9564.
ALARMS ARE NOT PERMITTED TO USE THE 9-1-1
EMERGENCY SYSTEM.*

THIS FORM MUST BE COMPLETED WITH CUSTOMER AND ALARM COMPANY INFORMATION BEFORE IT WILL BE APPROVED. THIS INFORMATION WILL REMAIN CONFIDENTIAL. IT IS USED ONLY FOR THE POLICE DEPARTMENT SO THAT WE MAY HAVE CONTACT NUMBERS IN THE EVENT OF ACTUAL ALARMS OR MALFUNCTIONS IN ALARM SYSTEMS WHEN RESIDENTS ARE OUT OF TOWN, OR OTHERWISE UNAVAILABLE.

APPROVED BY: _____ **DATE:** _____