

WARR ACRES POLICE DEPARTMENT Alarm Permit

Permit Number _____
 Resident's Name _____
 Address _____
 Home Telephone _____ Work Telephone _____

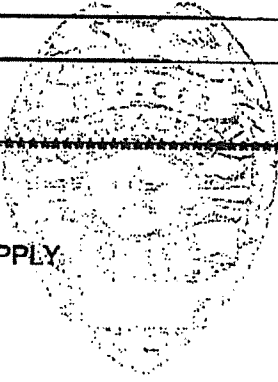
PERSON TO CONTACT IN CASE OF EMERGENCY

First Person:

Name _____ Home Telephone _____
 Address _____ Work Telephone _____
 City/Zip _____ Pager _____

Second Person:

Name _____ Home Telephone _____
 Address _____ Work Telephone _____
 City/Zip _____ Pager _____



Type of Alarm:

CHECK ALL THAT APPLY

- silent
- loud
- intrusion
- motion
- burglary
- hold-up
- fire
- panic
- other (explain) _____

Alarm Company PSI SECURITY
 Address 315 S SCOTT ST DEL CITY, OK 73115
 Date Installed _____
 Resident's Signature _____

All of the above information will be kept confidential, and will not be released to anyone except authorized police personnel.