



CITY OF LINCOLN ALARM PERMIT APPLICATION

PERMIT #:

RESIDENT or BUSINESS NAME:

ALARM SITE ADDRESS:

ZIP:

ALARM SITE PHONE #: FAX #:

E-MAIL ADDRESS:

DOGS ON PREMISES? YES NO GUNS ON PREMISES? YES NO

ARE THERE HANDICAPPED PERSONS ON PREMISES? YES NO

*** Please complete all requested info with a yes or no and further details if needed.**

LOCATION: RESIDENTIAL COMMERCIAL

ALARM TYPE: BURGLARY ROBBERY BOTH

PD NOTIFIED BY: ALARM CO PHONE (DIRECT) PANEL OTHER

ALARM/ MONITORING COMPANY:

PHONE #:

BILLING INFORMATION:

NAME:

ADDRESS: ZIP:

PHONE #: FAX #:

E-MAIL ADDRESS:

ALTERNATE PHONE #S:

CONTACT PERSONS:

Please list at least 3 persons with a 30 minute maximum response time.

***List persons in the order they are to be contacted.**

#1 NAME:

ADDRESS:

PHONE #: CELL PHONE#:

WORK PHONE #:

#2 NAME:

ADDRESS:

PHONE #: CELL PHONE#:

WORK PHONE #:

#3 NAME:

ADDRESS:

PHONE #: CELL PHONE#:

WORK PHONE #: