

ALARM PERMIT – CITY OF FERNDALE

\$5.00 Fee

(Please print or type)

Police Department
310 E. Nine Mile Road
Ferndale MI, 48220

ACCOUNT NO.

Alarm Company: _____
(Installing/maintaining company name)

(address) (city) (state) (zip)

(contact person for alarm company) (area code and phone number)

Occupant of building with alarm: _____
(company or name)

(address) (city) (state) (zip)

(area code and phone number)

Owner of building with alarm: _____

(address) (city) (state) (zip)

(area code and phone number)

Please list below **at least one person** responsible for extinguishing/resetting alarms, checking the premises, or responding to emergency calls:

1. Name _____ 2. Name _____

address _____ address _____

city/zip _____ city/zip _____

home phone: () _____ home phone: () _____

work phone: () _____ work phone: () _____

3. Name _____ 4. Name _____

address _____ address _____

city/zip _____ city/zip _____

home phone: () _____ home phone: () _____

work phone: () _____ work phone: () _____

POLICE DEPT. USE ONLY: Taken by: _____ Date received: _____

Receipt or Check # _____ Amount received: _____ approved _____