

____New
____Renewal

ALARM PERMIT

Business/Homeowner Name _____

Hours of Operation: SUN ____ MON ____ TUES ____ WED ____ THURS ____ FRI ____ SAT ____

Alarm Street Address _____

City/State/Zip _____ Phone _____

Mailing Address _____

City/State/Zip _____

Alarm Company _____ Phone _____

(Please Circle) Type of Alarm: Fire Burglary Robbery Panic

Commercial Residential

Audible Silent Motion

Emergency Notification:

List the individuals who can respond to the alarm activation in your absence. Please keep this information current with both your alarm company and the Bonney Lake Police Department.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please review the Bonney Lake Municipal Code chapter 8.48 regarding False Alarms on the back of this form.

For official use only:

Fee: _____ Receipt#: _____ Date: _____ Permit#: _____