

NOBLESVILLE POLICE DEPARTMENT

135 South 9th Street
 Noblesville, IN 46060
 (317) 776-6340

PERMIT #: _____

Issue Date: _____

(Will be entered by NPD personnel)



ALARM PERMIT APPLICATION

FOR BUSINESS FOR RESIDENCE

APPLICANT INFORMATION				
Last Name		First		M.I.
Street Address			Apartment/Unit #	
City, State, ZIP		Phone		
Business Name			Business Phone	
Business Address				
City, State, ZIP				
Type of Alarm:	Residence <input type="checkbox"/>	Business <input type="checkbox"/>		
KEYHOLDERS				
<i>Contacts to be notified of alarm that have agreed to: receive notification at any time of an alarm, come to the alarm premise/site within 30 minutes after receiving a request from Municipal Emergency Services, and are able to grant access to the alarm premise/site and deactivate the alarm system if necessary. (Minimum of 2 contacts required)</i>				
Full Name			Phone	
Address				
Full Name			Phone	
Address				
Full Name			Phone	
Address				
Pertinent Information: (Guard dog or other animals, key with neighbor, etc.)				
ALARM SYSTEM INSTALLED BY				
Company			Phone	
Address			Effective Date	
Permit sticker will be issued upon receipt of \$5 payment and completed application.				
<i>The permit holder shall promptly notify the Noblesville Police Department in writing of any change in the information contained in the permit application at above address or via email at NPDRecordsClerk@noblesville.in.us.</i>				
I hereby affirm under penalty of perjury that the foregoing facts contained herein are true and that the alarm system for which this permit is being applied does not violate the City of Noblesville Ordinance #65-8-03.				
Signature of Applicant			Date	