

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								
Company				Phone				
Address				Effective Date				
<p>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 NPDRrecordsClerk@noblesville.in.us.</i></p>								
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				