

APPLICATION FOR ALARM SYSTEM PERMIT
City Ordinance: Chapter 5.06

Application Date _____ Alarm Installation Date _____

Business Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Owner Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Notify: _____ Address _____

City _____ State _____ Zip _____ Phone _____

Alternate _____ Address _____

City _____ State _____ Zip _____ Phone _____

Alarm installed by _____ Date _____
 Name of Alarm Business/Company _____

Monitored by _____ Phone _____
 Name of Alarm Business/Company _____

Type of Alarm System: (Check each system that a permit is being applied for and system is installed)
 (Alarm system permits do not require renewal. Section 5.06.110)

Hold-up Alarm _____	Permit # _____	-1
Burglar Alarm _____	_____	-2
Fire Alarm _____	_____	-3

Signature of Applicant _____ Date _____

Return To:

City of Davenport
 Business Licensing
 226 West 4th Street
 Davenport, Iowa 52801

Information

Telephone 563-326-7715
 Fax 563-326-7722
 (TDD) 563-326-6145
 Website www.cityofdavenport.com

Alarm System Permit Fee Code: 0799 Cost: No Charge