



SECURITY ALARM PERMIT APPLICATION

City of Snellville Police Department | 2315 Wisteria Drive | Snellville, GA 30078
 PHONE (770) 985-3555 | FAX (770) 985-3579 | <http://www.snellville.org>
Please type or print clearly. All sections must be completed. Incomplete applications will be returned.

CHECK ALL THAT APPLY: NEW RENEWAL COMMERCIAL RESIDENTIAL

Business Name or Homeowner Name:	Telephone Number at Alarm Location:
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Address and Suite or Apt#:

City, State and Zip Code:

Mailing / Billing Address (If different from above):

Applicant (Please Print):	Applicant Home Phone:	Applicant Cell or e-mail Address:
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Applicant Signature (Required):	Any Dangerous or Special Conditions Present at the Alarm Site:
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IF Applicable: Rental Agent / Management Co. Information:

Name:	Phone Number:
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Address, City, State and Zip Code:

ALARM SYSTEM INFORMATION (CHECK THE APPROPRIATE BOXES)

<input type="checkbox"/> There is NO alarm system at this location. <input type="checkbox"/> I have received training from the alarm company in the proper use of my alarm system, including training in how to avoid false alarms.	<input type="checkbox"/> I have given written operating instructions for the alarm system, including written guidelines on how to avoid false alarms. <input type="checkbox"/> I understand that law enforcement response may be based on factors Such as availability of Police Units, Priority calls, Weather conditions, Emergency conditions, Staffing levels, etc.
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Alarm Monitoring Company Name: <small>Required for all Alarm Systems Except Those not monitored.</small>	Phone Number:
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Address, City, State and Zip Code:

RESPONSIBLE PARTY INFORMATION
 If you are NOT available, one of the following persons must respond to the alarm within 30 minutes of a police request.

Contact #1	Home Phone:	Work Phone:	Cell Phone:
Contact #2	Home Phone:	Work Phone:	Cell Phone:
Contact #3	Home Phone:	Work Phone:	Cell Phone:

City Ordinance Agreement
<p>By initialing this box, I have received a copy of the City Ordinance section 22-31 through 22-40.</p> <p>_____</p>

Mail to: City of Snellville Police Department
Attn: Alarm Administrator
2315 Wisteria Drive
Snellville, GA 30078