

TOWN OF WICKENBURG

155 N. TEGNER STREET, SUITE A
WICKENBURG, AZ 85390
Telephone: (928) 684-5451 Fax: (602) 506-1580



ALARM PERMIT REGISTRATION

(Non-Transferable)

DATE PERMIT ISSUED:

NAME OF BUSINESS:			
PHYSICAL ADDRESS OF ALARM SITE:			
ALARM PERMIT HOLDER NAME:			
TELEPHONE NUMBERS	(HOME)	(WORK)	(CELL)
ALARM CLASSIFICATION: <input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> RESIDENTIAL (Apartment, Condo, Mobile Home, Etc)	
CLASSIFICATION OF ALARM SYSTEM <input checked="" type="checkbox"/> (check all that apply)	NUMBER OF ALARMS AT LOCATION	AUDIBLE <input checked="" type="checkbox"/>	-OR- SILENT <input checked="" type="checkbox"/>
<input type="checkbox"/> Burglary		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Holdup		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Duress		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Panic		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OTHER (List):		<input type="checkbox"/>	<input type="checkbox"/>
DATE OF ALARM SYSTEM INSTALLATION OR ACTIVATION (Whichever is Applicable):			
ALARM HOLDER MAILING ADDRESS (If Different From Alarm Site Address):			
CITY:	STATE:	ZIP CODE:	
FOR COMMERCIAL SITES: Please explain type of business conducted at alarm site listed above			
PLEASE LIST ANY DANGEROUS OR SPECIAL CONDITIONS PRESENT AT ALARM SITE:			
LIST NAMES AND TELEPHONE NUMBERS of at least two (2) individuals who have agreed to act as PRIMARY or SECONDARY RESPONDER TO:			
a) Receive notification of alarm system activation at any time.			
b) Respond to the alarm site as required by Ordinance No. 1086 and Town of Wickenburg Alarm Administrator NO LATER THAN fifteen (15) minutes during normal business hours (8:00 a.m. to 5:00 p.m., Monday thru Friday) and twenty-five (25) minutes during all other times.			
c) Grant Access to the alarm site and deactivate the alarm system if necessary.			
PRIMARY RESPONDER NAME:			
PRIMARY RESPONDER CONTACT NUMBERS	(HOME)	(WORK)	(CELL)
SECONDARY RESPONDER NAME:			
SECONDARY RESPONDER CONTACT NUMBERS	(HOME)	(WORK)	(CELL)
ALARM BUSINESS NAME:			
FULL ADDRESS:			
TELEPHONE NUMBERS	(HOME)	(WORK)	(CELL)
ALARM MONITORING COMPANY (If different from above) NAME:			
FULL ADDRESS:			
TELEPHONE NUMBERS	(HOME)	(WORK)	(CELL)