

**CITY OF LOGAN
ALARM SYSTEM
PERMIT APPLICATION DATASHEET**

- Residential
 Commercial

Subscriber: _____ **Vender:** _____
NAME: _____ **NAME:** _____
ADDRESS: _____ **ADDRESS:** _____
PHONE: _____ **PHONE:** _____

Business Hours (If Applicable): SUN ___ MON ___ TUES ___ WEDS ___ THUR ___ FRU ___ SAT ___
Maintenance Company for alarm system (If applicable) _____

Contact Persons: _____ **Phone Number:** _____
1. _____
2. _____
3. _____

Manuacturer of Alarm System: _____
Type of alarm system: Robbery _____ Burglary _____ Fire _____

Address of location of Alarm System: _____
Telephone Number to location (If applicable): _____

Type of notification to police department (please check all applicable boxes):
 Terminated in police console
 Direct dial to police
 Monitored by alarm company. If so, who and telephone number: _____

Direct dial elsewhere. If so, where and telephone number: _____

External Audio Device? If so, what type (bell, siren, gong, etc): _____

Type of notification to fire department (please check all applicable boxes):
 Direct dial to fire department
 Monitored by alarm company. If so, who and telephone number: _____

Direct dial elsewhere. If so, where and telephone number: _____

External Audio Device? If so, what type (bell, siren, gong, etc): _____

Is this system owned by the alarm company? Yes No

SIGNATURE

DATE