



Alarm Permit Application

Please Print or Type

Date of Application _____ Permit number (for office use only) _____

Name, Last, First _____

Business Name _____

Address of Alarm Location
(including coordinates) _____

Unit or Suite: _____ Zip Code: _____

Site Phone # _____ Alt. phone #1 _____ Alt. Phone #2 _____

Alarm Installation Company:
(Address & Phone) _____

Monitored by:
(Address & Phone) _____

Responsible persons who can respond to the alarm within 20 minutes after notification, who are knowledgeable in the basic operation of the alarm system, are authorized to gain entry, and able to secure the premises if required.

Name _____ Phone#1 _____ Phone#2 _____

Name _____ Phone#1 _____ Phone#2 _____

Name _____ Phone#1 _____ Phone#2 _____

I have read the completed application and represent the same to be true and correct. I hereby agree that if a permit is issued, I will comply with all the provisions of the city ordinance and applicable state laws. Furthermore, I accept responsibility for all fees or fines that may result from the operation of the alarm system serving the above premises.

If you have any questions concerning this application, please contact the Cottonwood Heights Police Department Alarm Coordinators Office at 801-944-7101. You may mail the completed application to: Cottonwood Heights Police Department, Alarm Coordinators Office, 1265 E. Fort Union Blvd., Suite 100, Cottonwood Heights, Utah 84047. Or fax it to 801-944-7105