

ALARM SYSTEM INFORMATION

AUDIBLE DEVICE: Bell _____ Siren _____ Other _____ None _____

Does audible device have an automatic shut-off? _____

If Yes, after how many minutes? _____

MONITORING: Is system a direct dialer/tape station _____

Is system monitored by a central station? _____

If yes, please provide the following information:

Alarm Company _____

Address _____

Telephone Number _____

Does your alarm company dispatch its own personnel to investigate activated alarms? _____

TYPE OF ALARM (please check all that apply)

Burglary _____ Hold-up _____ Fire _____ Panic _____ Medical _____

Other _____

MISCELLANEOUS INFORMATION

Alarm Turn-off Location _____

Special Conditions: Please indicate if any personal precautions should be taken in regards to your premise, i.e. Guard Dogs, Handicapped/Invalids, Hazardous Materials, potential officer safety hazards, etc.:

Signature of Applicant

Date