



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.

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|---|---|-------------------------------------|--------------------|
| CHECK ALL THAT APPLY: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL | | | |
| Business Name or Homeowner Name: | | Telephone Number at Alarm Location: | |
| 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: | |
| Applicant Signature (Required): | Any Dangerous or Special Conditions Present at the Alarm Site: | | |
| IF Applicable: Rental Agent / Management Co. Information: | | | |
| Name: | | Phone Number: | |
| 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 given written operating instructions for the alarm system, including written guidelines on how to avoid false alarms. | | |
| <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 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. | | |
| Alarm Monitoring Company Name: <small>Required for all Alarm Systems Except Those not monitored.</small> | | Phone Number: | |
| 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: |
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| City Ordinance Agreement |
| By initialing this box, I have received a copy of the City Ordinance section 22-31 through 22-40. |

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