

City of Cherry Hills Village - Security Alarm Permit Application

2460 East Quincy Ave, Cherry Hills Village, CO 80113

Phone # 303-761-8711

Names of Alarm Owners/Users

Last _____ First _____ Middle Int. _____

Last _____ First _____ Middle Int. _____

Telephone Numbers of Alarm Owners/Users

Home _____ Work _____ Cell _____

Address of Alarm System

_____ City _____ Zip _____

Events monitored by alarm system

Intrusion (circle): YES or NO If yes, then type (circle): SILENT or AUDIBLE (cannot exceed 110 dB)

Panic (circle): YES or NO If yes, then type (circle): SILENT or AUDIBLE (cannot exceed 110 dB)

Other: _____ If other, then type (circle): SILENT or AUDIBLE (cannot exceed 110 dB)

This box is to be completed if the alarm system is monitored off your premise.

Alarm company installing/servicing the system:

Name _____

Address _____ City & State _____ Zip _____

Phone # _____ Emergency/After Hours Ph # _____

Company monitoring the alarm system (if different than above):

Name _____

Address _____ City & State _____ Zip _____

Phone # _____ Emergency/After Hours Ph # _____

Complete this box if your system is NOT monitored off your premise. (Local systems.)

Contact information for person or company that can render repairs 24 hours-a-day:

Name _____

Address _____ City & State _____ Zip _____

Phone # _____ Emergency/After Hours Ph # _____

OPTIONAL INFORMATION

In the event we are unable to reach the Alarm Owners/Users at the phone numbers listed above, please list alternative contacts. These contacts would be people that would come to your residence and/or business and allow police access or would secure the residence/business if found open upon alarm response.

NAME _____ NAME _____

PHONE # (DAY) _____ PHONE # (DAY) _____

PHONE # (NIGHT) _____ PHONE # (NIGHT) _____

INTERNAL USE ONLY:

Date Application Received: _____ Acct # _____ Payment Amt Rcvd _____