APPLICATION FOR ELECTRONIC ALARM PERMIT CITY OF MADISON HEIGHTS, COUNTY OF OAKLAND, STATE OF MICHIGAN Permit # _____

	eby apply for a permit to			eration oi	n our premis	ses		
D/B/A:	Company Name (Family N	Name if Reside	ence)					
;	Street Address (Include unit/apt. # if applicable) Local Phone Number Local Manager's Name							
]								
This alarn	n is Installed and Serviced	by:						
Alarm Company Name			 Phone #					
Street Address			City			State	Zip	
Please circle the appropriate types of alarm system			n you will be operating: FIR				SECURITY	
	wing list of persons should premises as needed.	be contacted i	n event of an eme	rgency. T	Γhey will be a	able to	reset the alarm and	
NAME	E			HOME PHONE				
NAME _			HOME PHONE					
NAME	B				HOME PHONE			
we shall	r state that I have read comply with the provi	sions as state	ed therein.		·			
Position/	Title							
(appeared	On this day day dements and answers co	of	, wł	, no being	, begsworn, de	efore i	me personally and says that	
	Notary Public		County of					
My com	mission expires			_				
	Residential Fee:	\$20.00	Commerc	ial (Busi	iness) Fee:	\$50.	.00	
	Date	Re			Clerk			