

**SPANISH FORK POLICE DEPARTMENT  
ALARM PERMIT APPLICATION**

**Permit #**

(Issued by Spanish Fork City after submission)

Applicant Information:	Last Name	First Name	Date of Birth
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Applicant Information	Email Address
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Business Name (if applicable)
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Address of Alarm Location	Unit #
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Mailing Address (If different from alarm location)
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Residential Phone #	Business Phone #
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Alarm Installer / Service Representative (Company)	Address	Phone #
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Monitoring Company	Address	Phone #
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Responsible Alarm Contacts (Three required, one can be you)			
Full Name	Address	DOB	Phone #s (2)
1.			
2.			
3.			

List above the responsible persons who (1) can respond to the alarm after notification, (2) are knowledgeable in the basic operation of the alarm system, and (3) are authorized and able to gain entry and secure the premises if required.

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. I accept responsibility for all fees or fines that may result from the operation of the alarm system serving the above premises.

Date \_\_\_\_\_ Signature of permit holder \_\_\_\_\_

If you have any questions concerning the application, please contact the Spanish Fork Police Department at (801) 804-4700. You may mail the completed application to: Spanish Fork Police Department, Attention Alarm Permits, 789 W Center, Spanish Fork, Utah 84660 or fax it to (801) 804-4740.