CITY OF MOUNT PLEASANT
ALARM SYSTEM PERMIT APPLICATION

1. **Alarm Site :**
   Name: _____
   Address: _____
2. **Applicant/Permittee:**
   Name: _____
   Address: _____
   Telephone # : _____
3. **Alarm Type(s):** ☐ **FIRE** ☐ **BURGLAR** ☐ **HOLDUP** ☐ **OTHER**
4. **Contact Person(s):**
   Name: _____
   Address: _____Phone: _____
   Name: _____
   Address: _____Phone: _____
   Name: _____
   Address: _____ Phone: _____
5. **Date of Installation / Takeover / Conversion:**_____
6. **Alarm Business:**
   Name: _____
   Address: _____
   Phone #: _____
   State Lic. #: _____
7. **Alarm System:** ☐ **Monitored** ☐ **Local**
8. **If Monitored, Alarm Business That Monitors:**
   ☐ Same as above
   Name: _____
   Address: _____
   Phone #: _____
   State Lic #: _____

☐ A set of written operating instructions for the Alarm System, including written Guidelines on how to avoid False Alarms, have been left with Applicant.

☐ The Alarm Business has trained the Applicant in the proper use of the Alarm System, including instructions on how to avoid False Alarms.

The above information is true and correct to the best of my knowledge.

_____ _____
Signature **Date**

☐ **APPROVED** ☐ **DENIED**

_____ _____
Signature of Alarm Administrator **Date**