City of Chandler

Police Department

Alarm Unit - Alarm Permit Application/Renewal

For initial registration, complete this permit application and submit it with payment to the Chandler Police
Department Alarm Unit. For a renewal permit, please review information for accuracy and update any necessary
fields. Then submit this permit application and payment to the Chandler Police Department Alarm Unit.

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				cks payable to Chandler Po e 65 and older are exempt f					
DOB: Expiration Date:									
Location (physical address)				Responsible Party (mailing address)					
First and Last Name or Business Name				First and Last Name					
Street Address and Apt/Ste.				Street Address and Apt/Ste.					
City	Sta	tate	Zip	City		State	Zip		
Phone 1	Phone 2			Phone 1	Phone 2	Phone 2			
Email Address Contact Person 1				Email Address Contact Person 2					
First and Last Name				First and Last Name					
Street Address and Apt./Ste.				Street Address and Apt/Ste.					
City	Sta	tate	Zip	City		State	Zip		
Phone 1 Phone 2				Phone 1	Phone 2	Phone 2			
Email Address Special Conditions:		Email Address							
Monitored By				Sold By					
First and Last Name or Business Name				First and Last Name or Business Name					
Street Address and Apt/Ste.				Street Address and Apt/Ste.					
City	Sta	tate	Zip	City		State	Zip		
Phone Fax				Phone	Fax	Fax			
Email Address				Email Address					
It is the alarm owner's responsibility information is accurate. I accept co. accordance with the City of Chandl	mplete respor	nsibility for a	any and all ch		-				

Signature:

Date: