



Fill out & send back with payment

Ankeny Police Department  
411 SW Ordnance Rd.  
Ankeny, IA 50023  
Phone: (515) 289-5240 Fax: (515) 289-9124

OFFICE USE ONLY	
Permit #	_____
Expires	_____
Amount Paid	_____
Clerk	_____

## Alarm Subscriber / User Permit Application

DATE: \_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ UPDATE \_\_\_\_\_

### I. SUBSCRIBER/USER INFORMATION (Please print clearly or type.)

COMMERCIAL \_\_\_\_\_

RESIDENTIAL \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Name of Residence or Name of Business  
(Should be same name alarm business uses for dispatch.)

Phone Number at Location

Address of Alarmed Location: \_\_\_\_\_  
(One Address Only) Street Number Street Name /Suite/Apartment #

Residence or Business Owner's Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Alternate Phone Number for Owner

If Business, Normal Hours \_\_\_\_\_ Type of Business \_\_\_\_\_

### II. SUBSCRIBER/USER MAILING ADDRESS

Attn: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### III. ALARM BUSINESS AND/OR MONITORING COMPANY

Installed/Serviced by: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name of Alarm Company Phone Number Date Installed

Monitored by: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name of Monitoring Company Phone Number

**TYPE OF ALARM** Burglary Alarm \_\_\_\_\_ Panic Alarm \_\_\_\_\_ Audible \_\_\_\_\_ Silent \_\_\_\_\_  
(Check all that apply.)

### IV. PREMISES INFORMATION (Check all that apply.)

Dog(s) \_\_\_\_\_ Chemicals \_\_\_\_\_ Other Hazards \_\_\_\_\_ Who Owns Alarm Equipment? \_\_\_\_\_

LIST AT LEAST TWO RESPONSIBLE CONTACT PERSONS (OFF-SITE CONTACTS PREFERRED) WHO WILL RESPOND WITHIN 30 MINUTES TO AN ALARM ACTIVATION TO ASSIST THE POLICE IN DETERMINING THE CAUSE OF THE ALARM ACTIVATION AND TO SECURE THE PREMISES.

1. NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_ NIGHT PHONE \_\_\_\_\_
2. NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_ NIGHT PHONE \_\_\_\_\_
3. NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_ NIGHT PHONE \_\_\_\_\_

BEFORE SIGNING, THE SUBSCRIBER/USER HAS COMPLETED THE ABOVE APPLICATION TO THE BEST OF THEIR KNOWLEDGE, HAS RECEIVED A COPY OF THE FALSE ALARM ORDINANCE, HAS RECEIVED INSTRUCTIONS AND HAS BEEN TRAINED IN THE USE OF THEIR ALARM SYSTEM FROM THE ALARM BUSINESS LISTED, AND IS AWARE THAT LAW ENFORCEMENT RESPONSE MAY BE BASED ON FACTORS SUCH AS: AVAILABILITY OF POLICE UNITS, PRIORITY OF CALLS, WEATHER CONDITIONS, TRAFFIC CONDITIONS, EMERGENCY CONDITIONS, ETC.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_