



Fill out & send back with payment

Ankeny Police Department
411 SW Ordinance 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
Address of Alarmed Location:
Residence or Business Owner's Name
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/Service by:
Monitored by:

TYPE OF ALARM Burglary Alarm Panic Alarm Audible Silent

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