



CAMPTON HILLS POLICE DEPARTMENT

ALARM USER PERMIT

Check one: Business Residence

1. Activation date of alarm: _____ / _____ / _____

2. Name: _____

3. Address: _____ City: _____ Zip: _____

4. Telephone number: (____) _____ Cell number: (____) _____

Check here is mailing address is the same as above: If not;

Mailing Address: _____ City: _____ Zip: _____

5. Type of Alarm: Audible Hold up

Silent Burglary

To Radio Other

Explain other: _____

6. Areas Protected by Alarm: _____

7. Name of Alarm Company: _____

8. Address of Alarm Company: _____

9. Alarm Company 24-hour Telephone Number: (____) _____

10. Call these persons to respond to alarm call or in an emergency:

Name Address Phone

11. Remarks or Special Instructions: _____

Name of Applicant (Please Print): _____

Applicant Signature: _____ Date: _____

YOU MUST NOTIFY THE CAMPTON HILLS POLICE DEPARTMENT IF THERE ARE ANY CHANGES

Date Application Received: _____ Approved: Rejected: