



425 EAST DEWEY AVE
Sapulpa, Oklahoma 74066

FOR OFFICE USE ONLY

Permit Number _____

Date Issued _____

Amount Paid _____

BURGLARY ALARM PERMIT APPLICATION

SUBSCRIBER/PROPRIETOR INFORMATION (Please Print Clearly or Type)

Name of Residence or Name of Business (_____) Telephone Number At Location _____

Address of Alarmed Location _____
(One location per permit) Street No. (N,S,E,W) Street Name/Number Suite/Apt.
Number

Type (Check One) Residence _____ Business _____ If Business, Normal Hours _____

SUBSCRIBER/PROPRIETOR MAILING ADDRESS

Attention _____ Address _____

City _____ State _____ Zip _____

Name of Residence or Business Owner (_____) Alternate Telephone Number of Owner _____

ALARM COMPANY AND/OR MONITORING COMPANY

Installed/Service by _____ (_____) _____

Name of Alarm Company

Telephone Number

Monitored by _____ (_____) _____

Name of Monitoring Company

Telephone Number

TYPE OF ALARM (check all that apply) PREMISES INFORMATION

Burglar Alarm _____ Panic Alarm _____ Audible _____ Dogs/Animals _____ Chemicals _____

Silent _____ Date of Installation _____ Who Owns Alarm Equipment _____

RESPONSIBLE REPRESENTATIVES

List two responsible representatives (other than the applicant) who will respond to an alarm activation to assist the Police in determining the cause of the alarm activation and to secure the premises.

_____(_____) _____(_____) _____
Name Day Telephone Night Telephone

_____(_____) _____(_____) _____
Name Day Telephone Night Telephone

The application fee of \$20 must be included with the application. Please make check or money order payable to CITY OF SAPULPA.

APPLICANT SIGNATURE

DATE

Ordinance #2344, Passed May, 2001