

PERMIT NUMBER

CITY OF NORTH VERNON
275 MAIN STREET
NORTH VERNON, IN 47265

SECURITY/FIRE ALARM
USER'S APPLICATION

DATE: _____

OWNER NAME/ADDRESS OF ALARMED PREMISES

Name: _____ Phone Number: _____

Street Address: _____ Fax Number _____

City: _____ State: _____ Zip: _____ Email: _____

BILLING ADDRESS (If different from above):

Name: _____ Phone Number: _____

Street Address: _____ Fax Number _____

City: _____ State: _____ Zip: _____ Email: _____

TYPE OF ALARMED PREMISES:

- COMMERCIAL Hours of operation _____
- RESIDENTIAL

DESIGNATED RESPONDERS: "KEY HOLDERS"

1. Name: _____ Phone Number: _____

Address: _____

2. Name: _____ Phone Number: _____

Address: _____

3. Name: _____ Phone Number: _____

Address: _____

ALARM COMPANY INFORMATION:

Manufacturer: _____ Name of Company: _____

Address: _____ Phone Number: _____

SUBMITTED BY:

Name: _____ Phone Number: _____

Street Address: _____ Fax Number _____

City: _____ State: _____ Zip: _____ Email: _____

APPROVED BY: _____ DATE: _____

RECEIVED BY: _____ DATE: _____

One time application fee of \$10.00 will be paid to the "City of North Vernon." Application fee and completed application must be submitted to the Clerk/Treasurer's Office.