

Paris Police Department Burglar Alarm Permit Registration Form

Business Residential (Please check one)

Business / Residence Name: _____

Address _____

Telephone Number at the address above: _____

Name of Person Responsible for this alarm (Alarm Permit Holder):

Address: _____

Telephone: _____

E-mail: _____@_____

Alarm Vendor _____ Contact Number _____

Alarm Monitoring Service _____ Contact Number _____

Two Persons who can respond to this address within 20 minutes should this alarm go off:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

For PD USE ONLY

Date received: _____ Date entered: _____

Registration Number: _____