



# ALARM USER PERMIT APPLICATION

City of Scottsdale  
Business Services  
Telephone: (480) 312-7400

<b>Office Use Only</b>
Permit # _____
Fee: \$10.00
Initials: _____
Check #: _____

1. Alarm User or Business Name:

**Residential:** \_\_\_\_\_

or

**Doing Business as DBA, (Name on Signage):** \_\_\_\_\_

**Legal Name:** \_\_\_\_\_

2. Service Address: \_\_\_\_\_ Scottsdale, AZ Zip Code: \_\_\_\_\_

3. Mailing Address (If different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Phone 1: ( ) \_\_\_\_\_ - \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_ (By providing an email address you may receive alarm notifications via email.)

5. Additional Alarm User Contact Name (not required):

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

6. Alarm Monitoring Co: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

7. Type of Alarm System (check all that apply): Burglar \_\_\_\_\_ Fire \_\_\_\_\_ Medical \_\_\_\_\_ Panic \_\_\_\_\_

8. New Alarm System? Yes \_\_\_\_\_ No \_\_\_\_\_

**To Applicant:** For an overview of Alarm User responsibilities, visit [www.Scottsdaleaz.gov/licenses/alarms](http://www.Scottsdaleaz.gov/licenses/alarms)  
Information on this application may be shared with your alarm service provider.

The above information is accurate to the best of my knowledge. I also accept complete responsibility of all charges, and/or fees accrued by my alarm system in accordance with the City of Scottsdale Alarm Ordinance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Email application to:**  
[alarmcto@scottsdaleaz.gov](mailto:alarmcto@scottsdaleaz.gov)

A permit number will be emailed with a link to pay the \$10.00 fee online by credit card.

or

**Mail application and payment to:**  
City of Scottsdale  
P.O. Box 1586  
Scottsdale AZ 85252-1586

**Make checks payable to:**  
City of Scottsdale