



ALARM USER PERMIT APPLICATION

Staff Use Only
Alarm User Permit Number: _____
Fee: \$ 10.00

City Treasurer's Office Business Services

7447 E. Indian School Rd., Suite 110
Scottsdale, AZ 85251
Telephone: (480) 312-7400

Make checks payable to: City of Scottsdale

To Applicant: For an overview of Alarm User responsibilities, visit www.Scottsdaleaz.gov/licenses/alarms

Alarm Type: Residential Business: Date Placed into Operation: _____

- Alarm User or Business Name: _____
- Service Address: _____ Scottsdale, AZ Zip Code: _____
- Mailing Address (If different than above): _____
City: _____ State: _____ Zip Code: _____
- Phone 1: () _____ - _____ Phone 2: () _____ - _____
E-Mail: _____ (By providing an email address you may receive alarm notifications via email.)
- Responsible Representatives (Required):
Name: _____ Phone: () _____ - _____
Name: _____ Phone: () _____ - _____
- Alarm Monitoring Company and Installation Company:
Monitoring Co: _____ Phone: () _____ - _____
Installation Co: _____ Phone: () _____ - _____
- Type of Alarm System (check all that apply): Burglar Fire Medical Panic
- Date System was Installed: ___/___/_____ New Alarm System?: Yes No

INFORMATION ON THIS APPLICATION MAY BE SHARED WITH YOUR ALARM SERVICE PROVIDER

I HEREBY CERTIFY THAT MY ALARM SYSTEM HAS BEEN INSPECTED AND MAINTAINED BY A LICENSED ALARM BUSINESS FOR THE PRIMARY USER OF THIS SYSTEM. I HAVE BEEN INSTRUCTED ON HOW TO USE THIS SYSTEM. THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO ACCEPT COMPLETE RESPONSIBILITY OF ANY AND ALL CHARGES, AND/OR FEES ACCRUED BY MY ALARM SYSTEM IN ACCORDANCE WITH THE CITY OF SCOTTSDALE ALARM ORDINANCE NO. 3796.

Applicant Signature: _____ Date: ___/___/_____