

SECURITY ALARM PERMIT *Application*

University Place
WASHINGTON 

City Hall
3609 Market Place W, Suite 200
University Place, WA 98466
PH:(253) 798-3206 FAX: (253) 798-4867

PERMIT NUMBER: _____
(OFFICE USE ONLY)

RETURN APPLICATION ALONG WITH YOUR PAYMENT OF \$40.00 TO THE ADDRESS LISTED ABOVE. MAKE CHECKS PAYABLE TO CITY OF UNIVERSITY PLACE.

(Please check one) **Residential** **Commercial/Business**

Name: _____ Business Name: _____

Address: _____ Zip _____

Mailing Address:(if different from above) _____

State: _____ Zip: _____

Home/Cell: _____ Other: _____

Email Address: _____

Would you like to receive renewals by email? Yes ___ or No ___

Name of Alarm Monitoring Company: _____

EMERGENCY NOTIFICATION (This section is not mandatory)

List up to three individuals who can respond to the alarm activation in your absence.

Name: _____ Home/Cell _____

Name: _____ Home/Cell _____

Name: _____ Home/Cell _____

All returned or insufficient fund checks will result in cancellation of the permit and a returned check charge of \$20.00.