



CITY OF FATE ALARM APPLICATION

NEW RENEWAL

BURGLAR

FIRE

BURGLAR AND FIRE

Address: _____

Contact Information:

Home Owner: _____

Phone:

Home: _____ Work: _____ Cell: _____

Primary Contact Person:

_____ Phone Number: _____

Emergency Contact Person:

_____ Phone Number: _____

Alarm Company:

_____ Phone Number: _____

I have been given a copy of the Fire Alarm and/or Burglar Alarm ordinances and understand my responsibility as set forth in these ordinances.

_____|_____|_____
(Printed Name) (Signature) (Date)

~~~~~Internal Use Only~~~~~		
Effective Date: _____	Expiration Date: _____	Permit # _____
Approved by: _____	Date: _____	