

Total Due \$25.00

Make Checks payable to:
Pittsboro Police Department

Questions?
Please Call: (317) 892-3329

TOWN OF PITTSBORO APPLICATION FOR ALARM PERMIT

Office Use Only

Permit# _____

Issue Date __ __

Exp. Date _____

Residential Alarm

Name of Applicant(s) _____

Home Phone. _____ Work. _____ Cell _____

Spouse's Name. _____ Cell _____

Home Address _____ Zip Code _____

Business Alarm

Business: _____ Bus. Phone: _____

Address: _____ Zip Code: _____

Nature of Business: _____

Normal Business Hours: _____

Alarm Information

Installed By: _____

Persons to be Notified: If Emergency Contact is necessary and homeowner or business rep is not available.

Name: _____ Home Phone _____

Address _____ Zip Code _____

Work Phone. _____ Cell Phone _____

Name: _____ Home Phone _____

Address _____ Zip Code _____

Work Phone. _____ Cell Phone _____

I hereby affirm under penalty of perjury that the foregoing facts contained herein are true and that the alarm system for which this permit is being applied does not violate Town of Pittsboro Ordinance NUMBER.

Signature of Applicant _____

Date _____

Mail to: Pittsboro Police
Department
80 N. Meridian St.
Pittsboro, IN 46167