City of	Sapu	pa
		245
	*	A.

FOR OFFICE USE ONLY

Permit Number _____

Date Issued_____

Amount Paid _____

425 EAST DEWEY AVE . . . P.O. BOX 1130 Sapulpa, Oklahoma 74067

BURGLARY ALARM PERMIT APPLICATION

SUBSCRIBER/PROPRIETOR INFORMATION (Please Print Clearly or Type)

		()		
Name of Residence or Na	me of Business	//	Telephone Number At Loc	ation
Address of Alarmed Loca	ion		Street Name/Number	
(One location per permit) Number	Street No.	(N,S,E,W)	Street Name/Number	Suite/Apt.
			s, Normal Hours	
SUBSCRIBER/PROPRIE				
Attention		_Address		
City	Sta	te	Zip	
		()		
Name of Residence or Bu	siness Owner		Alternate Telephone Number of	of Owner
ALARM COMPANY AND	OR MONITORING COM	IPANY		
Installed/Service by	Holder's Inc	(_918_)	663-8660	
	Name of Alarm Comp	any	Telephone Number	
	Holder's Inc Name of Monitoring Con		622-3883 Telephone Number	
	Name of Monitoring Con	ipany		

http://www.cityofsapulpa.net/AlarmPermit.htm

TYPE OF ALARM (check all that apply) PREMISES INFORMATION

Burglar Alarm Panic Alarm A	udible Dogs/Animal	s Chemicals		
Silent Date of Installation Who Owns Alarm Equipment				
RESPONSIBLE REPRESENTATIVES				
List two responsible representatives (other than the applicant) who will respond to an alarm activation to assist the Police in determining the cause of the alarm activation and to secure the premises.				
Name Day Telephone	_ ()	() Night Telephone		
Name Day Telephone	_ ()	() Night Telephone		
The application fee of \$20 must be included SAPULPA.	d with the application. Plea	se make check or money order payable to CITY OF		

APPLICANT SIGNATURE

DATE

Ordinance #2344, Passed May, 2001