



Police Department Commercial Alarm Permit Application

Alarm Permit No.: _____

Name / Company Name:	Address:	
Home Phone:	Work Phone:	Cell Phone:
Owner Name:		Owner Contact Number:
Billing Address (if different from above):		
Alarm Monitory Company Name:		Phone:

EMERGENCY CONTACT INFORMATION

Name:	Contact Number:	Contact Number:
Name:	Contact Number:	Contact Number:
Name:	Contact Number:	Contact Number:

Commercial Accounts - Alarm Permit Fee \$50.00. Renewal notices will be mailed annually during the month of expiration.

Please make checks payable to: City of Murphy

All information MUST be complete. Incomplete Applications will not be processed.