

CITY OF GEARHART
ATTN: CHIEF JOSH GREGORY

DATE_____

APPLICATION FOR ALARM PERMIT

NAME_____

ADDRESS OF ALARM DEVICE_____

CITY_____ STATE_____ ZIP_____

MAILING ADDRESS (if different from above)_____

CITY_____ STATE_____ ZIP_____ PHONE #_____

IS YOUR ALARM (please circle one) SILENT SILENT/AUDIBLE AUDIBLE ONLY

WHO MAINTAINS THE ALARM SYSTEM_____

ADDRESS_____ PHONE #_____

CITY_____ STATE_____ ZIP_____

PLEASE LIST TWO (2) NAMES OF PEOPLE TO CONTACT IN THE EVENT OF AN EMERGENCY, WHO CAN TERMINATE YOUR ALARM FROM SOUNDING.

NAME_____ ADDRESS_____ PHONE #_____

NAME_____ ADDRESS_____ PHONE #_____

REMARKS OR SPECIAL INSTRUCTIONS:_____

APPLICANT ACKNOWLEDGES THAT THEY HAVE READ AND AGREE TO THE PROVISIONS OF THE CITY OF GEARHART ORDINANCE NO 632, AN ALARM ORDINANCE, REGULATING ALARM SYSTEMS, PASSED BY THE GEARHART CITY COUNCIL ON THE 2ND DAY OF NOVEMBER, 1988.

SIGNATURE_____ DATE_____